



Long-Term Care (LTC) User Guide for Hospice Providers



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Learning Objectives

After reading this Long-Term Care (LTC) User Guide for Hospice Providers, you will be able to:

- Complete and submit Hospice Form 3071 - Election/Cancellation/Discharge Notice.
- Complete and submit Hospice Form 3074 - Physician Certification of Terminal Illness.
- Understand the provider workflow process.
- Recognize how to prevent Medicaid waste, abuse, and fraud.
- Understand that complying with the Health Insurance Portability and Accountability Act (HIPAA) is YOUR responsibility as a provider. You should seek legal representation when needed, and you should consult the manuals or speak to your Texas Medicaid & Healthcare Partnership (TMHP) Provider Representative when you have questions.
- Identify additional resources to assist you.

Forms to be Submitted

Hospice Form 3071–Election/Cancellation/Discharge Notice

Form 3071 is used to notify Health and Human Services (HHS) of a Texas Medicaid Hospice person's voluntary election, transfer, or cancellation of the Texas Medicaid Hospice program, or to update changes in the Texas Medicaid Hospice person's location, condition, or status. Each Form 3071 must be completed by the hospice staff either as an election, an update, correction, or a cancellation. If a person is discharged from hospice for any reason and the person re-elects hospice, regardless of the amount of time, a new election and a new Physician Certification Form must be completed.

If the form is intended to elect a person into hospice, check the ELECT box and include only the FROM date. A person or responsible party signature is required on all Elect form types.

If the form will update information already provided on an existing election document, check the UPDATE box, include only the FROM date, and complete the appropriate fields. Forms indicating Update do not require a person or responsible party signature.

Complete an update transaction to a document if:

- The provider numbers change because of a change in ownership (CHOW).
- The person changes location from/to community or nursing facility (NF).
- There is a change to the principal diagnosis.

Updates should be submitted when a provider needs to change the information for future services. If it is necessary to correct previously submitted information for previous service dates, submit a Correction. More information about Corrections to Form 3071 can be found in the Corrections section of this User Guide.

If the form is intended to cancel/terminate a person from hospice, check the CANCEL box and include only the To Date. A person or responsible party signature is required if the cancellation code is 14 - Recipient transferred to service other than hospice or 77 - Recipient withdrew, was dissatisfied, or refused service.

When a person transfers from one hospice provider to another hospice provider, the losing hospice provider enters cancel code 77 on Form 3071 and includes only the To date. The receiving hospice provider completes Form 3071, electing hospice, and includes only the From date.

The receiving hospice must also complete a new Form 3074 Certification to pair with the new 3071 Election.

On Line 13 enter the principal hospice diagnosis as reported by the certifying physician. Additional pertinent, coexisting diagnoses are entered on Lines 14 through 16. If there are additional diagnoses to be documented, enter them in the Enter Comments Box (17). Document the *International Classification of Diseases* (ICD) code for each diagnosis recorded. Non-specific diagnoses, such as Adult Failure to Thrive or Debility will not be accepted as the principal hospice diagnosis.

The Setting field indicates where the person is receiving hospice services. The setting determines which hospice services are authorized. Community type settings are not authorized for Room and Board services. A person who resides in an assisted living facility is considered to be in the Community and the setting should be Home. Verify the classification of the facility before indicating the person is in an NF or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) facility. NF and ICF/IID facilities must have an associated Level of Service record per facility type.

The provider must maintain an original Form 3071 on file for reproduction. Submission of the form is outlined in the How to Submit Form 3071 section of this User Guide. An original can be obtained on the HHS website: <https://hhs.texas.gov/laws-regulations/forms>.

This form is also located online at: www.tmhp.com/Pages/LTC/ltc_forms.aspx.

Note: *The effective date of Form 3071 is the later of Field 3. From and Field 29. Client Date Signed. See the Helpful Telephone Numbers section of this User Guide for contact information on hospice claims, policy, and contracting.*

For hospice forms, policy questions should be directed to HospicePolicy@hhsc.state.tx.us. TMHP only addresses technical questions related to using the LTC Online Portal for hospice form submission.

Note: *If the person enters the NF under hospice care, then there is no need to submit a 3618 or 3619 admission. If the person has already been admitted to the NF on a 3618/19 and then enters hospice care (while remaining in the facility), the NF is responsible for discharging them to hospice care on a 3618/19. Once they have discharged the person, they are no longer required to submit 3618 or 3619 forms to track the person's movements, as those movements will be tracked on the hospice form 3071.*

How to Submit Form 3071

Paper copies of forms 3071 and 3074 with dates and signatures must be completed prior to electronic submittals on the LTC Online Portal. The signed and dated originals must be retained in the hospice person's medical/hospice record.

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- 1) Log in to the LTC Online Portal.
- 2) Click the **Submit Form** link located in the blue navigational bar.
- 3) Type of Form: Choose **3071: Recipient Election/Cancellation/Discharge Notice** from the drop-down box.
- 4) Click the **Enter Form** button.
- 5) Enter all required information as indicated by the red dots.
 - Complete at least one of the following: Medicaid number or SSN.
 - If Election, choose Election and enter a FROM date only. Elections must include a person's or responsible party's signature. Examples of when to choose ELECTION:
 - A person is electing hospice for the first time.
 - A person is re-electing hospice after a gap in hospice services.
 - A person is transferring from one hospice provider to another. The election date will then be the date of transfer. The gaining provider must also submit form 3074 to begin a new service authorization period.
 - If Update, choose Update and enter a FROM date only. Use the comment box (17) to enter explanation of the update. Examples of when to choose UPDATE:
 - Hospice person has an additional terminal diagnosis
 - Change in payment
 - CHOW that results in a new provider number (This update is required in transfer the person's information to the new provider)
 - Change in hospice person's location or setting
 - Hospice person is admitted to a skilled nursing facility, (SNF) bed
 - Hospice person's admission to a nursing facility Medicaid bed
 - If terminating the hospice program, choose Cancel and enter a TO date only. If the Cancel Code is 14 or 77, a person's or responsible party's signature is required.
 - A person voluntarily revokes hospice service.
 - A person expires.
 - A person no longer meets hospice eligibility requirements.
 - A person transfers to another service (other than hospice).
 - A person transfers to another hospice provider, the losing provider chooses CANCEL and enters a Cancel Code 77 in Box 2.
 - Setting indicates where the person is receiving the hospice services.
 - If the person is in an Assisted Living facility, Setting should indicate Home.

- A setting of SNF indicates that the person is classified as Medicare for a non-related condition.
- Enter the principal terminal ICD-Code, as stated by the certifying physician, in the first box marked by the red dot. All other terminal diagnoses may be entered in the remaining boxes. Additional pertinent diagnoses may be entered in the COMMENTS box (17) with the ICD-Code included.

Note: *Diagnoses Debility and Failure to Thrive are no longer accepted as principal terminal diagnoses.*

6) From here you have two choices:

a) Click the **Submit Form** button to submit the form.

or

b) Click the **Save as Draft** button to store the form for future use, but not submit it. The form does not have to be complete to save the draft.

Note: *If the form is successfully submitted, a Document Locator Number (DLN) will be assigned and the LTC Online Portal will show Form has been successfully submitted. If there are errors they will be displayed in a box at the top of the screen. These errors will need to be resolved before the form will be successfully submitted. Once all errors are resolved, click the **Submit Form** button again to submit the form.*

Note: *Both the 3071 and 3074 must be submitted and processed prior to receipt of payment.*

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3071 Recipient Election/Cancellation/Discharge Notice

Current Status: Unsubmitted

Form Actions:

Provider Information

CARE HOSPICE
2020 S.W. GRAPESIDE DRIVE
 GRAPESIDE, TX 75848

Recipient Information

	Name	Address
Medicaid Number (8) <input type="text"/>	• Last (7) <input type="text"/>	• Street (11) <input type="text"/>
SSN (9) <input type="text"/>	• First <input type="text"/>	• City <input type="text"/>
• DOB (10) <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>	MI <input type="text"/>	• State <input type="text"/>
		• Zip <input type="text"/>
	• Name of Facility/Provider (if applicable) <input type="text"/>	• County Code (12) <input type="text"/>

Transaction Information

• Form Type (1)

From (3) To (4)

• Setting (5) • Medicare Part A (6)

All Terminal Diagnosis - List All Terminal Illnesses

Diagnosis Code	Description
• 13. Principal Hospice Diagnosis Code <input type="text"/> <input type="button" value="Q"/>	13. <input type="text"/>
14. <input type="text"/> <input type="button" value="Q"/>	14. <input type="text"/>
15. <input type="text"/> <input type="button" value="Q"/>	15. <input type="text"/>
16. <input type="text"/> <input type="button" value="Q"/>	16. <input type="text"/>

Comments (17)

Hospice Information

• Hospice Provider Name (18) Provider Number (19) **001003108** Hospice Phone Number (20)

• Address (21) • State • Zip

• City

Physician Information

• Physician First Name • Physician Last Name (22)

• State License No. (23) • Date of Orders (24)

Signatures

Hospice Representative	Client
• Last Name (25) <input type="text"/>	Is Signature on Form? (28) <input type="checkbox"/> Yes
• First Name <input type="text"/>	Date Signed (29) <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>
• Is Signature on Form? (26) <input type="checkbox"/> Yes	
• Date Signed (27) <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>	

Hospice Form 3074–Medicaid/Medicare Physician Certification of Terminal Illness

Form 3074 fulfills several purposes. Form 3074 is used to capture the Medicaid Physician's certification that the person, based upon the principal hospice diagnosis, has a prognosis of six months or less to live if the terminal illness runs its normal course. Medicare physician certification and completion of enrollment in the Medicaid Hospice program are additional functions of Form 3074.

The provider must maintain a blank Form 3074 on file for reproduction. An original can be found on the HHS website: <https://hhs.texas.gov/laws-regulations/forms>.

This form is also located online at: www.tmhp.com/Pages/LTC/ltc_forms.aspx or on the TMHP LTC Online Portal under the Printable Forms feature.

The physician completes Form 3074 when a person elects hospice and every six months (recertification) thereafter. Physician certification statements are valid for six months and must be renewed each subsequent six month certification period. A hospice person's principal hospice diagnosis must be verified within two days of the hospice election date as evidenced by verbal verification by the hospice staff or receipt of physician(s) signature on Form 3074. The physician is allowed to sign and date the initial certification within the six-month terminal illness time frame the physician is certifying if a verbal verification is obtained. If no verbal verification is obtained, the physician's signature must be obtained within two days of the initial election for the certification to be valid on the election date.

Note: *Recertification forms must be signed no earlier than 15 calendar days before the recertification date or anytime during the six-month recertification period.*

- If a person is discharged from hospice services for any reason and that person re-elects hospice, regardless of the amount of time, a new Election (3071) and new Physician Certification Form (3074) must be completed.

Note: *Both the 3071 and 3074 must be successfully submitted and processed prior to receipt of payment.*

- If the initial certification statement is signed by the physician after the six-month time frame, the effective date will be the date the document was signed by the physician. Medicaid payment will not be made prior to that date.
- The two-day verbal verification period does not apply to recertification. The recertification statements must be signed and dated by the physician prior to the expiration date of the recertification period.
- Medicaid payment will not be made for any period where a gap exists in the certification periods. This form must be completed for the person to receive Texas Medicaid Hospice services and for the provider to be paid for those services.

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For hospice forms, policy questions should be directed to HospicePolicy@hhsc.state.tx.us. TMHP only addresses technical questions related to using the LTC Online Portal for Hospice form submission.

How to Submit Form 3074

Paper copies of forms 3071 and 3074 with dates and signatures must be completed prior to electronic submittals on the LTC Online Portal. The signed and dated originals must be retained in the hospice person's medical/hospice record.

- 1) Log in to the LTC Online Portal.
- 2) Click the **Submit Form** link located in the blue navigational bar.
- 3) Type of Form: Choose **3074: Physician Certification of Terminal Illness** from the drop-down box.
- 4) Click the **Enter Form** button.
- 5) Enter all required information as indicated by the red dots.
- 6) Verify the following are complete before submission of the form:
 - Complete at least one of the following: Medicaid number, or SSN.
 - Election/Start Date is the Election date from the Form 3071 Elect.
 - Recertification? If this form is a recertification, check this box.
 - Cert/Recert Date - Indicate what the effective date is of this certification.
 - Verbal Verification - If completed within two days of Election, the physicians have six months to sign the certification (submission cannot occur until signatures are obtained).
 - If the form is being completed as an initial certification, two physician signatures are required unless the Exclusion Statement is signed.
 - If no verbal verification is given, the physician's signatures must be within two days of the Election on an initial certification. If no verbal verification is obtained and Form 3074 is not signed within two days of the Election, the effective date is the later of the two physician's signatures.
 - A recertification only requires one physician signature.
 - A recertification can be signed up to 15 calendar days prior to the recertification date or within the six-month recertification period.
 - The Exclusion Statement is only completed if the person does not have an attending physician for the initial certification.
 - An error will occur if the license number does not pass validation. The form cannot be submitted until all errors are resolved.

7) From here you have two choices:

a) Click the **Submit Form** button to submit the form.

or

b) Click the **Save as Draft** button to store the form for future use, but not submit it. The form does not have to be complete to save the draft.

Note: *If the form is successfully submitted, a DLN will be assigned and the LTC Online Portal will show Form has been successfully submitted. If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the form can be successfully submitted. Once all errors are resolved, click the **Submit Form** button again to submit the form.*

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3074 Physician Certification of Terminal Illness

Current Status: Unsubmitted

Form Actions:

[Print](#) [Save as Draft](#)

Provider Information

HOSPICE

2020 U.S. MARSHALLS REPORT
CERTIFICATION TO TERMINAL ILLNESS

Recipient Information

Name		Address			
Medicaid Number (6)	<input type="text"/>	• Last (5)	<input type="text"/>	• Street (11)	<input type="text"/>
SSN (8)	<input type="text"/>	• First	<input type="text"/>	• City	<input type="text"/>
Medicare Number (7)	<input type="text"/>	MI	<input type="text"/>	• State	<input type="text"/>
				• Zip	<input type="text"/>

Certification Information

• Election/Start Date (9)  Recertification? (10) Yes • Cert/Recert Date (10) 

Hospice Information

• Hospice Provider Name (1) Provider Number (2) • Address (3)

• City • State • Zip

Verbal Verification (within two days of election date)

Last Name First Name

Is Signature on Form? (12) Yes Date Signed (13) 

Certification/Recertification Physician Signatures

Attending Physician	Hospice Physician
Last Name (14) <input type="text"/>	• Last Name (18) <input type="text"/>
First Name <input type="text"/>	• First Name <input type="text"/>
Is Signature on Form? (15) <input type="checkbox"/> Yes	• Is Signature on Form? (19) <input type="checkbox"/> Yes
Date Signed (17) <input type="text" value="MM/DD/YYYY"/> 	• Date Signed (21) <input type="text" value="MM/DD/YYYY"/> 
License Type (16) <input type="text" value="State of TX Lic Num"/>	• License Type (20) <input type="text" value="State of TX Lic Num"/>
State License No. <input type="text"/>	• State License No. <input type="text"/>

Exclusion Statement

Last Name First Name

Is Signature on Form? (22) Yes Date Signed (23) 

[Submit Form](#)

Hospice Form Pairing Process

Each Form 3071 Election must be paired with a matching Form 3074 Certification. When attempting to match with forms that were in the system before the implementation date of August 23, 2019, the LTC Online Portal looks at all forms in the status **Received**. If a match is found, the existing form restarts. After restarting, the form goes through the Medicaid ID Validation/Medicaid Eligibility Verification/Applied Income Verification (MI/ME/AI) workflow before moving (along with the matching form) to a status of **Pair Found** and into the SAS workflow where the status will then be set to **SAS Request Pending**.

The process is different when both forms are submitted after the implementation date. A newly submitted 3071 Election, or 3074 Certification, will appear in status **Pending Pair** after passing through the MI/ME/AI workflow and no existing matching form is found. The second (matching) form, after going through the MI/ME/AI workflow, will find the existing form already in a status of **Pending Pair**, then both will move into a status of **Pair Found** and into the SAS workflow where the status will then be set to **SAS Request Pending**.

With either process, the system will match forms with the same provider number. Additionally,

- a) The date in 3071 field 3 From must match the 3074 field 9 Election/Start date;

and
- b) Medicaid Numbers on the forms must match. The SSN will be used if the Medicaid Number is not present.

The LTC Online Portal will always use the form with the most recent TMHP Received date for pairing.

Form 3071 and 3074 Corrections

Hospice providers must submit Forms 3071 and 3074 corrections directly on the LTC Online Portal. Different fields can be corrected depending on the form status. Example form statuses include:

- **Rejected by SAS**
- **Processed/Complete**
- **PCS Processed/Complete**

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Corrections to Forms 3071 and 3074

- 1) Log in to the LTC Online Portal.
- 2) Click the **Search** link in the blue navigational bar.
- 3) Choose **Form Status Inquiry** from the drop-down menu.
- 4) Search for Form 3071 or 3074 using the person's SSN, Medicaid Number, First and Last Name, or DLN.
- 5) Click the **Search** button.
- 6) Click the **View Detail** link.
- 7) Click the **Correct this form** button.
- 8) Complete only the fields needing correction.
- 9) Click the **Submit Form** button.

Note: *If the form is successfully submitted, a DLN will be assigned and the LTC Online Portal will show Form has been successfully submitted. If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the form will be successfully submitted. Once all errors are resolved, click the **Submit Form** button again to submit the form.*

- 10) Click the **DLN** link displayed in the Your form was submitted successfully message to return to the form.
- 11) Click the **Print** button in the yellow Form Actions bar to print the completed form.

Provider Workflow Process for Forms 3071 and 3074

Documents are sent to the provider workflow if they are set to status ***Provider Action Required***. Documents reach this status if:

- The form or assessment has not been successfully processed.
- An error occurred during the nightly batch processing.

Note: *Rejection error messages can be found within the form and assessment History trail. It is the provider's responsibility to resolve these error messages.*

The provider workflow process allows providers to track the progress of Forms 3071 and 3074 through the workflow on the LTC Online Portal and to independently manage their documents when errors occur during form processing. The functionality of provider workflow allows providers to directly manage their rejections which occurred during the nightly processing. The principal benefit of this process is shorter resolution times.

The provider is responsible for monitoring and managing the provider workflow. The processes through which these forms go are:

- Medicaid ID (MI) Validation Process.
- Medicaid Eligibility (ME) Verification Process.
- Applied Income (AI) Verification Process. (Only 3071 forms for setting NF or ICF will enter the AI Verification process.)
- Hospice Form Pairing Process (3071 Election and 3074 Certification only).
- SAS Process.

Form Statuses

Below are the various statuses in which a form may be placed:

Status	Description
<i>AI Check Inactive</i>	Applied Income validation attempted nightly for up to 90 days and failed, or the request was canceled. The provider may restart the assessment once the reason for the failed validation has been resolved by the Medicaid Eligibility Worker by clicking the Reactivate Form button.
<i>Coach Pending More Info</i>	HHSC Provider Claims Services (PCS) is awaiting additional information from the NF. See the History trail for notes.
<i>Coach Review</i>	HHSC PCS is reviewing.
<i>Corrected</i>	Forms are moved into <i>Corrected</i> status when the form is corrected by another form. View the History trail to find the child Document Locator Number (DLN). No further actions are allowed on a form or assessment with status <i>Corrected</i> .
<i>Form Inactivated</i>	An assessment/form has been inactivated. No further actions are allowed on the form or assessment.
<i>ID Invalid</i>	Medicaid ID validation failed. Cannot be processed until Medicaid ID is corrected. Contact Medicaid Eligibility Worker to verify the person's name, Social Security number, and Medicaid ID. A new form or assessment must be submitted with correct information. The name entered must match the name shown on the person's Medicaid ID card.
<i>Invalid/Complete</i>	HHSC deemed this form or assessment invalid. See the History trail for details.
<i>ME Check Inactive</i>	Medicaid Eligibility validation attempted nightly for 90 days and failed, or the request was canceled. The provider may restart the assessment once the reason for the failed validation has been resolved by the Medicaid Eligibility Worker by clicking the Reactivate Form button.
<i>Med ID Check Inactive</i>	Medicaid ID validation attempted nightly for 90 days and failed, or the request was canceled. The provider may restart the assessment once the reason for the failed validation has been resolved by the Medicaid Eligibility Work by clicking the Reactivate Form button.
<i>Medicaid ID Pending</i>	Medicaid ID validation is pending. Validation attempts occur nightly until deemed invalid, or until 90 days has expired, whichever comes first. Contact the Medicaid Eligibility Worker to verify the person's name, Social Security number, and Medicaid ID. This status will also apply to private-pay residents whose assessments are successfully, but unnecessarily, submitted on the LTC Online Portal. The form will suspend for 90 days, and if the person never applies for Medicaid, the status will be set to <i>Med ID Check Inactive</i> .

Status	Description
<i>Pending Applied Income</i>	Applied Income validation is pending. Validation attempts occur nightly until applied income is found, the request is canceled, or until 90 days has expired, whichever comes first. Only 3071 forms for setting NF or ICF will enter the Applied Income Verification process.
<i>Pending Medicaid Eligibility</i>	Medicaid Eligibility is pending. Validation attempts occur nightly until eligibility is found, the request is canceled, or until 90 days has expired, whichever comes first.
<i>Pending More Info</i>	HHSC PCS needs more information before further processing can occur. See the History trail for further details on information.
<i>Pending Pair (Forms 3071/3074)</i>	Form 3071 Election requires a matching 3074 Certification form to continue processing. Form 3074 Certification requires a matching 3071 Election form. If these forms do not match, processing will not be completed.
<i>Pending Pair Inactive</i>	The 3071 or 3074 form is placed in this status if it has been waiting for a matching form for more than 90 days.
<i>Processed/Complete</i>	Form or assessment has been processed and complete, check MESA.V.
<i>Provider Action Required</i>	Form or assessment needs to be reviewed by the provider due to being rejected by HHSC SAS Processing. Refer to the form or assessment History trail for specific error message.
<i>Received</i>	Form or assessment has been received by HHSC SAS Processing. This status applies only to legacy forms.
<i>SAS Request Pending</i>	Form or assessment has passed all validation (Medicaid ID, Medicaid Eligibility, Applied Income, etc.) and will be sent from TMHP to HHSC for processing.
<i>Submitted to manual workflow</i>	Form or assessment needs to be reviewed by HHSC PCS staff due to the form or assessment being rejected by SAS. Refer to the History trail for additional information.

Finding Documents Set to Status *Provider Action Required*

Using Form Status Inquiry (FSI)

To find forms or assessments set to status *Provider Action Required*:

- 1) Click the **Search** link on the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down menu.

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3) Type of Form: Choose Type of Form (e.g., 3071) from the drop-down menu.

The screenshot shows the 'Form Status Inquiry' page. At the top, there is a navigation bar with 'Submit Form', 'Search', 'Worklist', 'Printable Forms', and 'Help'. Below this, the page title 'Form Status Inquiry' is displayed. The 'Form Select' section contains a 'Type of Form' dropdown menu that is open, showing a list of form types. The first option, '3071: Recipient Election/Cancellation/Discharge Notice', is highlighted in blue. Other options include '3074: Physician Certification of Terminal Illness', '8578 ID/RC Assessment', 'Individual Movement Form', 'MDS 2.0: Minimum Data Set (Comprehensive)', 'MDS 3.0: Minimum Data Set (Comprehensive)', 'MDSQTR 2.0: Minimum Data Set (Quarterly)', and 'MDSQTR 3.0: Minimum Data Set (Quarterly)'. A 'Provider Number' field is also visible below the dropdown.

4) Enter the From Date and To Date range in the fields allocated.

5) From the Form Status drop-down menu, choose *Provider Action Required*.

The screenshot shows the 'Form Status Inquiry' page with the 'Form Status Inquiry' section expanded. It contains several input fields: 'DLN', 'Last Name', 'Form Status', 'SSN', 'From Date', 'Medicaid Number', 'First Name', and 'To Date'. The 'Form Status' dropdown menu is open, displaying a list of status options. The option 'Provider Action Required' is highlighted in grey. Other options include 'AI Check Inactive', 'Coach Pending More Info', 'Coach Review', 'Corrected', 'Entry', 'Form Inactivated', 'ID Invalid', 'Invalid/Complete', 'ME Check Inactive', 'Med ID Check Inactive', 'Medicaid ID Pending', 'Pending Applied Income', 'Pending Medicaid Eligibility', 'Pending More Info', 'Pending Pair', 'Pending Pair Inactive', 'Processed/Complete', 'Received', 'SAS Request Pending', and 'Submitted to manual workflow'. The 'To Date' field is set to '07/01/2019'.

6) Click the **Search** button found at the bottom right corner of the screen to submit the inquiry.

7) Those 3071 forms in status ***Provider Action Required*** will display.

13 record(s) returned.
[Export Data to Excel](#)

	DLN	TMHP Received Date	SSN	Medicaid	First Name	Last Name	ISP From Date	ISP To Date	Status	Provider Number	County
View Detail		3/2/2019							Provider Action Required		
View Detail		3/3/2019							Provider Action Required		
View Detail		3/3/2019							Provider Action Required		
View Detail		3/3/2019							Provider Action Required		
View Detail		3/4/2019							Provider Action Required		
View Detail		3/4/2019							Provider Action Required		
View Detail		3/4/2019							Provider Action Required		
View Detail		5/13/2019							Provider Action Required		
View Detail		5/15/2019							Provider Action Required		
View Detail		5/16/2019							Provider Action Required		
View Detail		5/16/2019							Provider Action Required		
View Detail		5/17/2019							Provider Action Required		
View Detail		6/3/2019							Provider Action Required		

8) Click the **View Detail** link to open the form.

9) Scroll to the bottom of the page to view the History trail.

History

Form Submitted	3/2/2019 9:13:41 PM
3/2/2019 9:13:41 PM	cfhospice_ext : Form entered workflow.
Medicaid ID Pending	3/2/2019 9:13:42 PM
3/2/2019 9:13:42 PM	TMHP : Medicaid ID request submitted
ID Confirmed	3/2/2019 9:14:18 PM
3/2/2019 9:14:18 PM	TMHP : Medicaid ID [redacted] confirmed for this client
Pending Medicaid Eligibility	3/2/2019 9:14:18 PM
3/2/2019 9:14:18 PM	TMHP : Medicaid Eligibility request sent
Medicaid Eligibility Confirmed	3/2/2019 9:14:29 PM
3/2/2019 9:14:29 PM	TMHP : Medicaid eligibility confirmed for this client
Pending Applied Income	3/2/2019 9:14:29 PM
3/2/2019 9:14:29 PM	TMHP : Applied Income requested
Applied Income Confirmed	3/2/2019 9:14:39 PM
3/2/2019 9:14:39 PM	TMHP : Applied Income confirmed
Pending Pair	3/2/2019 9:14:40 PM
3/2/2019 9:14:40 PM	TMHP : This form requires a matching 3074 Certification form.
Pair Found	3/2/2019 9:15:38 PM
3/2/2019 9:15:38 PM	TMHP : This form found a matching 3074 Certification form, DLN [redacted].
SAS Request Pending	3/2/2019 9:15:38 PM
3/2/2019 9:15:38 PM	TMHP : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
Provider Action Required	3/2/2019 9:15:57 PM
3/2/2019 9:15:57 PM	TMHP : HS-0001: This Election or Certification cannot be processed because two or more 3071 Election - 3074 Certification pairs for the same 3071 From Date - 3074 Election/Start Date were submitted for processing at HHSC on the same day. Submit one pair to HHSC and inactivate any other Election and/or Certification forms (pairs or one of a pair) with the same 3071 From Date - 3074 Election/Start Date, if they are not needed.

10) Find ***Provider Action Required*** status on the left. It should be the last line in the History trail.

11) Find the rejection message in the white line just below the ***Provider Action Required***.

12) Perform the necessary research to resolve the error. See the provider workflow rejection messages in the Provider Workflow Rejection Messages section of this User Guide.

13) Depending on the provider research, providers have one of three options to move the form or assessment out of the provider workflow. Based on the reason for rejection, there are situations where the appropriate Provider Action is to contact HHSC Provider Claims Services. The three options are:

3071 Recipient Election/Cancellation/Discharge Notice

Current Status: Provider Action Required DLN: [redacted]

Unlock Form

Form Actions: **Workflow Actions:**

Print
Use as template
Correct this form
Inactivate Form
Add Note

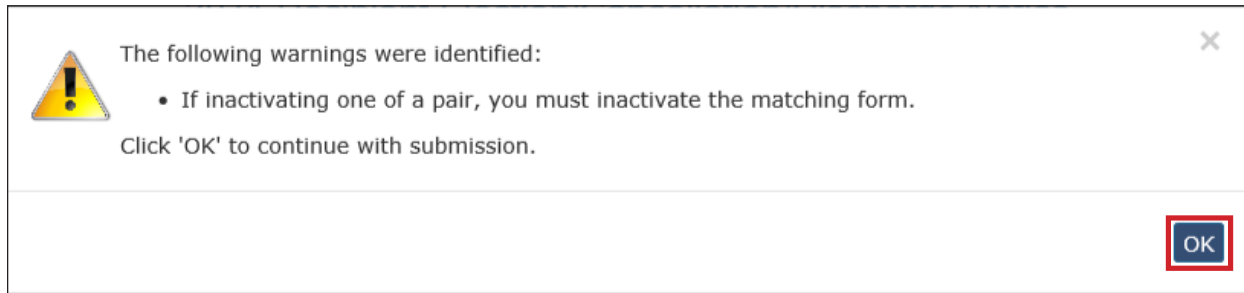
Resubmit Form

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- a) **Correct this form.** **Correct this form** allows providers to submit a correction. The original form or assessment with status **Provider Action Required** will be set to status **Corrected** and will have a parent DLN to the new/child form. The new form or assessment replaces the original form or assessment. Review the correctable fields covered in the Forms 3071 and 3074 Corrections section of this User Guide to know when to choose correct vs. inactivate.
- b) **Inactivate Form.** **Inactivate Form** will inactivate the form. Forms will set to status **Form Inactivated** and cannot be corrected or re-submitted. An example of when the **Inactivate Form** button would be used is when the provider research indicates the form being submitted is a duplicate.
- c) **Resubmit Form.** **Resubmit Form** will set the form or assessment status to **SAS Request Pending**. The form or assessment will process during the nightly batch processing. Check the status of the form or assessment within two to four days to determine if the form or assessment processed successfully. Status will be set to **Processed/Complete** if successfully processed.

14) If the provider clicks the **Correct this form** button, a parent/child DLN relationship will be created.

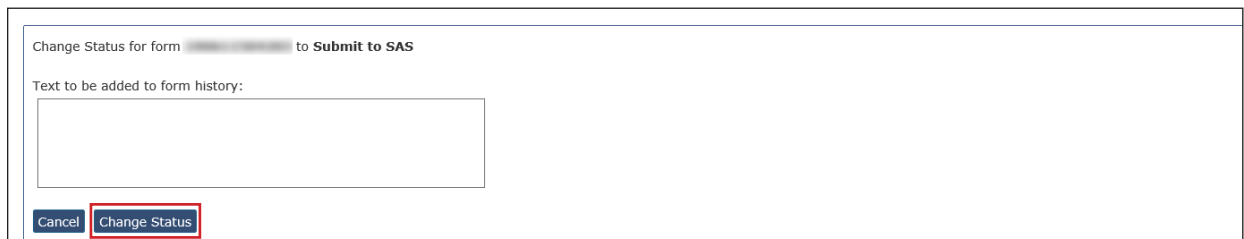
15) If the provider clicks the **Inactivate Form** button, the provider will receive the following warning window.



Click the **OK** button to inactivate, and the form or assessment will be set to status **Form Inactivated**.

Note: *When inactivating and resubmitting forms, both forms in the pair must be inactivated and then resubmitted. Failure to do so may prevent newly submitted forms from properly pairing.*

16) If the provider clicks the **Resubmit Form** button, the following screen will display, allowing the provider to add any comments.



There is an option to select *2-System* or *1-ProviderFacing*. *2-System* will allow comments entered by the provider to be seen only by internal state staff. The comments will not be seen by the provider. *1-ProviderFacing* will allow comments entered to be seen by both state staff and the provider. In either case, the comments will be seen in the History trail of the form or assessment and are for informational purposes only. These comments will NOT be used in the system processing of the forms. The provider may choose to enter comments. Entering comments is optional.

a) Click the **Cancel** button to cancel the request, keeping the form or assessment set to status ***Provider Action Required***

or

b) Click the **Change Status** button. The form or assessment is then set to status ***SAS Request Pending***.

17) Once one of the actions has been completed – **Correct this form, Inactivate Form, or Resubmit Form** – the status of the form or assessment will no longer be set to status ***Provider Action Required***. Processing will continue based upon the action chosen.

18) The provider should repeat all steps for each particular Type of Form until there are no more results found. (This example used Form 3071).

Using Current Activity

An alternate method for working documents recently set to status ***Provider Action Required*** is to use Current Activity.

Current Activity will show all documents that have been set to a different status in the last 14 calendar days. Once the form or assessment has been set to status ***Provider Action Required*** for over 14 calendar days, it must be located using Form Status Inquiry.

3074	Received	Medicaid	SSN	Medicare	Name	Status
	11/20/2018 9:56:54 AM					Pending Pair Inactive
	3/4/2019 10:38:25 PM					Med ID Check Inactive
	3/26/2019 6:41:34 AM					Med ID Check Inactive
	11/19/2018 3:27:51 PM					Pending Pair Inactive
	1/29/2019 4:33:43 PM					Med ID Check Inactive
	3/26/2019 6:46:54 AM					Med ID Check Inactive
	11/21/2018 3:06:34 PM					Pending Pair Inactive

Once a form or assessment is being considered for ***Provider Action Required***, you may want to perform a resident search to see if the resident has any other forms or assessments set to status ***Provider Action Required***.

Current Activity is in the blue navigational bar next to Form Status Inquiry.

Provider Workflow Rejection Messages

The messages and detailed instructions found below are intended to assist the provider with a better understanding of how to handle Hospice forms in the Provider Action Required Workflow on the LTC Online Portal.

General Instructions

Review the date or dates on the form used to derive the effective date, to ensure that the effective date on the form is correct (see below). If applicable, review the current Service Authorizations on the person's Medicaid Eligibility Service Authorization Verification (MESAV). If the effective date is incorrect, correct the form on the LTC Online Portal and submit changes. If the effective date is correct, use the Suggested Actions below to identify and resolve the situation that resulted in the specific Provider Message in form History.

3071 Effective Date

- Election Effective Date:
 - 3. From Date, or 29. Date Signed (Client), whichever is later
- Update Effective Date:
 - 3. From Date
- Cancel Effective Date:
 - 4. To Date, if 2. Cancel Code = 75 (Recipient died)
 - 4. To Date minus 1 day, if 2. Cancel Code <> 75

3074 Effective Date

- Certification Effective Date:
 - 10. Certification Date if 13. (Verbal Verification) Date Signed is within two days of 9. Election/Start Date. If not,
 - 10. Certification Date if 23. (Exclusion Statement) was not signed, 17. (Attending Physician) Date Signed and 21. (Hospice Physician) Date Signed are both within two days of 9. Election/Start Date. If not,
 - 10. Certification Date if 23. (Exclusion Statement) was signed and 21. (Hospice Physician) Date Signed is within two days of 9. Election/Start Date. If not,
 - 10. Certification Date, 17. (Attending Physician) Date Signed, or 21. (Hospice Physician) Date Signed, whichever is latest, if 23. (Exclusion Statement) was not signed. Otherwise,

- 10. Certification Date or 21. (Hospice Physician) Date Signed, whichever is later, if 23. (Exclusion Statement) was signed.
- Recertification Effective Date:
- 10. Recertification Date.

Specific Instructions

Provider Message (Displayed in History)	Form	Suggested Action
<p>GN-9101 – GN-9105: This form cannot be processed because the individual’s Applied Income is not available to the authorization system. Contact the HHSC Eligibility Worker to update the individual’s Applied Income. Once the Applied Income has been updated, this form can be resubmitted.</p>	<p>3071, 3074 (Elect/Cert, Update, Recert)</p>	<p>The person’s applied income is not available to the authorization system.</p> <ul style="list-style-type: none"> • Pull a MESAV for the person covering the effective date of the form. <p>Note: <i>If the person does not already have Service Authorizations for your Provider Number, this information will not be available to you on the MESAV.</i></p> <ul style="list-style-type: none"> • If the MESAV does not show an Applied Income for the effective date of the form, contact the Texas Health and Human Services Commission (HHSC) Eligibility Worker to update the Applied Income records. <ul style="list-style-type: none"> ○ Once the Applied Income has been updated, resubmit the rejected form(s). If the person already has Service Authorizations for your Provider Number, you may monitor the MESAV for updated Applied Income. • If the MESAV does show an Applied Income for the effective date of the form, resubmit the rejected form(s).

Provider Message (Displayed in History)	Form	Suggested Action
<p>GN-9106: This form cannot be processed because HHSC does not have Long-Term Care Financial Eligibility for this individual and time-frame. Contact the HHSC Eligibility Worker or SSI office.</p>	<p>3071, 3074 (Elect/Cert, Update, Recert)</p>	<p>The person’s Medicaid eligibility is not available to the authorization system.</p> <ul style="list-style-type: none"> • Pull a MESAV for the person covering the effective date of the form. <p><i>Note: If the person does not already have Service Authorizations for your Provider Number, this information will not be available to you on the MESAV.</i></p> <ul style="list-style-type: none"> • If the MESAV does not show Long-Term Care Financial Eligibility for the effective date of the form, contact the HHSC Eligibility Worker or Supplemental Security Income (SSI) office to update the Financial Eligibility records. <ul style="list-style-type: none"> ○ Once the Financial Eligibility has been updated, resubmit the rejected form. If the person already has Service Authorizations for your Provider Number, you may monitor the MESAV for updated Financial Eligibility. • If the MESAV does show Financial Eligibility for the effective date of the form, resubmit the rejected form(s).
<p>GN-9248: This form cannot be processed due to one or more invalid Diagnosis Codes. Correct the Diagnosis Codes and resubmit.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The submitted Primary International Classification of Diseases (ICD) Diagnosis Code on the 3071 Election form of the pair is not valid.</p> <ul style="list-style-type: none"> • Correct the diagnosis codes on the rejected 3071 Election form as needed and submit it, then resubmit the rejected 3074 Certification form of the pair. • If the diagnosis codes on the 3071 Election form of the pair are valid, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

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Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0001: This Election or Certification cannot be processed because two or more 3071 Election - 3074 Certification pairs for the same 3071 From Date - 3074 Election/Start Date were submitted for processing at HHSC on the same day. Submit one pair to HHSC and inactivate any other Election and/or Certification forms (pairs or one of a pair) with the same 3071 From Date - 3074 Election/Start Date, if they are not needed.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>Two or more 3071 Election - 3074 Certification pairs of forms (and possibly single forms) for the same 3071 From Date - 3074 Election/Start Date attempted to process at HHSC on the same day.</p> <ul style="list-style-type: none"> • Determine which 3071 Election - 3074 Certification pair of forms is to be used and resubmit that pair of forms. • Inactivate any other rejected pairs of forms (or single forms) with the same 3071 From Date - 3074 Election/Start Date, if they are not needed.
<p>HS-0002: This Election or Certification (one of a pair) cannot be processed because an Election/Certification pair for this 3071 From Date - 3074 Election/Start Date was submitted (and has been processed) at HHSC on the same day. Inactivate this form if it is not needed.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>In addition to a 3071 Election - 3074 Certification pair of forms, one or more 3071 Election or 3074 Certification forms (one of a pair) for the same 3071 From Date - 3074 Election/Start Date attempted to process at HHSC on the same day.</p> <ul style="list-style-type: none"> • Inactivate any rejected one-of-a-pair forms with the same 3071 From Date or 3074 Election/Start Date as the processed pair of forms, if they are not needed.
<p>HS-0003: This Election or Certification cannot be processed because the other form of the Election/Certification pair for this 3071 From Date - 3074 Election/Start Date was not submitted for processing at HHSC on the same day. Submit both forms of the pair.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>A 3071 Election or 3074 Certification form (one of a pair) attempted to process at HHSC. Election into Hospice requires the submission of a 3071 Election - 3074 Certification pair of forms to HHSC at the same time for the same 3071 From Date or 3074 Election/Start Date, to process.</p> <ul style="list-style-type: none"> • Resubmit the rejected form, along with the other form of the pair (form pairs are documented in form history on the LTC Online Portal), if the pair of forms is needed. • Inactivate any rejected 3071 Election or 3074 Certification forms (one of a pair) that are not needed.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0007: This Election/ Certification pair cannot be processed because the submitted Provider No. is not valid as of the later of the 3071 Election and 3074 Certification effective dates for one or more of the requested services.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The Provider Number is either not in effect as of the later of the Election or Certification Effective Date, or one or more of the requested services (based on the person’s Setting and Medicare eligibility) are missing from the Provider’s contract.</p> <ul style="list-style-type: none"> • Verify that the forms were submitted using the right Provider Number and review the contract to determine if it is in effect for the later of the Election or Certification Effective Date. • If the wrong Provider Number was used, inactivate the rejected 3071 Election - 3074 Certification pair of forms and submit a new pair of forms using the right Provider Number. • If the right Provider Number was used but the 3071 From Date - 3074 Election/Start Date is wrong, inactivate the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/Start Date must be the same for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the right Provider Number was used but the submitted Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it, then resubmit the other form of the pair. • If the right Provider Number was used but the contract is not yet in effect, or is missing a requested service, resubmit the rejected pair of forms once the contract (or missing service code) is effective in the system.

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Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0008: This 3071 Update cannot be processed because the submitted Provider No. is not valid as of the 3071 From Date for one or more of the requested services.</p>	<p>3071 (Update)</p>	<p>The Provider Number is either no longer in effect as of the 3071 From Date, or one or more of the requested services (based on the person's Setting and Medicare eligibility) are missing from the Provider's contract.</p> <ul style="list-style-type: none"> • Verify that the 3071 Update form was submitted using the right Provider Number and review the contract to determine if it is in effect for the 3071 From Date. • If the wrong Provider Number was used, inactivate the rejected 3071 Update form and submit a new form using the right Provider Number. • If the right Provider Number was used but the 3071 From Date is wrong, correct the rejected 3071 Update form and submit it. • If the right Provider Number was used but the contract is missing a requested service, resubmit the rejected 3071 Update form once the service code is effective in the system.
<p>HS-0009: This 3074 Recertification cannot be processed because the submitted Provider No. is not valid as of the 3074 Recertification Date for one or more of the requested services.</p>	<p>3074 (Recert)</p>	<p>The Provider Number is either no longer in effect as of the 3074 Recertification Date, or one or more of the requested services (based on the person's Setting and Medicare eligibility) are missing from the Provider's contract.</p> <ul style="list-style-type: none"> • Verify that the 3074 Recertification form was submitted using the right Provider Number and review the contract to determine if it is in effect for the 3074 Recertification Date. • If the wrong Provider Number was used, inactivate the rejected 3074 Recertification form and submit a new form using the right Provider Number. • If the right Provider Number was used but the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. • If the right Provider Number was used but the contract is missing a requested service, resubmit the rejected 3074 Recertification form once the service code is effective in the system.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0010: This 3071 Update cannot be processed because a 3071 Update (or 3071 Update Modification) has already been submitted for the same 3071 From Date. If changes for that 3071 From Date are needed, a 3071 Update Modification is required.</p>	<p>3071 Update</p>	<p>A 3071 Update (or 3071 Update Modification) of a different form (different DLN chain) has already been submitted for the same 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the rejected 3071 Update form represents a different Update event. • If the rejected 3071 Update form represents a different Update event, correct the rejected 3071 Update form and submit it. • If the rejected 3071 Update form represents the same Update event, inactivate the rejected form. If changes are needed for that Update event, correct the form in the other DLN chain and submit it.
<p>HS-0015: This Election/ Certification pair cannot be processed because the same individual signed the 3074 Certification as the Attending Physician and Hospice Physician (same License No.).</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The 3074 Exclusion Statement was not signed and the same person signed the 3074 Certification form as the Attending Physician and Hospice Physician.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the Attending Physician information on the rejected 3074 Certification form is correct. • If there is no Attending Physician, correct the rejected 3074 Certification form after the Exclusion Statement has been signed and submit it, then resubmit the 3071 Election form of the pair. • If there is an Attending Physician, correct the Attending Physician and/or Hospice Physician information on the rejected 3074 Certification form (they cannot be the same person) and submit it, then resubmit the 3071 Election form of the pair.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0028: This Election/ Certification pair cannot be processed because the individual is in an ICF facility during the Hospice time-frame.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The submitted 3071 Setting is NF or SNF and the person has a Service Authorization for an ICF that overlaps the Hospice timeframe that would be created by the rejected 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the Election and Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms are correct. • If the 3071 Setting is wrong, correct the rejected 3071 Election form and submit it, then resubmit the other form of the pair. • If the 3071 From Date - 3074 Election/Start Date is wrong, inactive the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/ Start Date must be the same for the LTC On-line Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it, then resubmit the other form of the pair. • If the 3071 Setting and the Election and Certification Effective Dates are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0017: This Election/ Certification pair cannot be processed because there are one or more Hospice Service Authorizations (or an Enrollment) for the submitted Provider No. during the Hospice timeframe.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The person has a Service Authorization or Enrollment for the submitted Provider Number that overlaps with the six month Hospice timeframe that would be created by the 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the pair of forms was submitted using the right Provider Number. If so, determine whether there is a 3071 Cancel form with an effective date prior to the earlier of the Election Effective Date or the Certification Effective Date of the rejected pair of forms, or there is a subsequent 3071 Election - 3074 Certification pair of forms that has already processed within the six month Hospice timeframe that would be created by the rejected 3071 Election - 3074 Certification pair of forms. • If the wrong Provider Number was used, inactivate the rejected 3071 Election - 3074 Certification pair of forms and submit a new pair of forms using the right Provider Number. • If a 3071 Cancel form with an effective date prior to the earlier of the Election Effective Date or the Certification Effective Date of the rejected pair of forms is missing or did not process successfully, submit or resubmit the 3071 Cancel form, then resubmit the rejected 3071 Election - 3074 Certification pair of forms. • If the rejected 3071 Election - 3074 Certification pair of forms is for an earlier Hospice timeframe than the timeframe on file, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0018: This 3074 Recertification cannot be processed because there are no Hospice Service Authorizations (or an Enrollment) for the submitted Provider No. as of the 3074 Recertification Date.</p>	<p>3074 (Re-cert)</p>	<p>There are no Hospice Service Authorizations (or an Enrollment) for the submitted Provider Number as of the 3074 Recertification Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the form was submitted using the right Provider Number. If so, verify that the 3074 Recertification Date on the rejected 3074 Recertification form is correct. Also, identify the 3071 Election - 3074 Certification pair of forms and determine whether there is a 3071 Cancel form with an effective date prior to the submitted 3074 Recertification Date. • If the wrong Provider Number was used, inactivate the rejected 3074 Recertification form and submit a new form using the right Provider Number. • If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. • If the 3071 Election - 3074 Certification pair of forms was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms, then resubmit the rejected 3074 Recertification form. • If a 3071 Cancel form with an effective date prior to the submitted 3074 Recertification Date is on file (ending the Hospice enrollment), inactivate the rejected 3074 Recertification form and submit a new 3071 Election - 3074 Certification pair of forms to establish a new Hospice time-frame.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0019: This 3071 Update cannot be processed systematically because there are Hospice Service Authorizations (or an Enrollment) for a different Provider No. as of the 3071 From Date. If this is due to a change of ownership, contact LTC Provider Claims Services for assistance. Otherwise, submit a new 3071 Election and 3074 Certification pair.</p>	<p>3071 (Update)</p>	<p>There are Hospice Service Authorizations (or an Enrollment) for a different Provider Number as of the 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update form is correct and verify that the form was submitted using the right Provider Number. Also, identify the 3071 Election - 3074 Certification pair of forms and verify that they were successfully processed. • If the wrong Provider Number was used, inactivate the rejected 3071 Update form and submit a new form using the right Provider Number. • If the right Provider Number was used but the 3071 From Date is wrong, correct the rejected 3071 Update form and submit it. • If the 3071 Election - 3074 Certification pair of forms that established the Hospice timeframe was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms, then resubmit the rejected 3071 Update form. • If there has been a change of ownership, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

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Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0020: This 3071 Update cannot be processed because there are no Hospice Service Authorizations (or an Enrollment) for the submitted Provider No. as of the 3071 From Date.</p>	<p>3071 (Update)</p>	<p>There are no Hospice Service Authorizations (or an Enrollment) for the submitted Provider Number as of the 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update form is correct and verify that the form was submitted using the right Provider Number. Also, identify the 3071 Election - 3074 Certification pair of forms and determine whether there is a 3071 Cancel form with an effective date prior to the submitted 3071 From Date. • If the wrong Provider Number was used, inactivate the rejected 3071 Update form and submit a new form using the right Provider Number. • If the 3071 From Date is wrong, correct the rejected 3071 Update form and submit it. • If the 3071 Election - 3074 Certification pair of forms was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms, then resubmit the rejected 3071 Update form. • If a 3071 Cancel form with an effective date prior to the submitted 3071 Update form is on file (ending the Hospice enrollment), inactivate the rejected 3071 Update form and submit a new 3071 Election - 3074 Certification pair of forms to establish a new Hospice timeframe.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0021: This Election/ Certification pair cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The person has a Service Authorization for PACE (the Program for All Inclusive Care for the Elderly) that overlaps the Hospice timeframe that would be created by the rejected 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the Election and Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms are correct. • If the 3071 From Date - 3074 Election/Start Date is wrong, inactive the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/ Start Date must be the same for the LTC On-line Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it, then resubmit the other form of the pair. • If the Election and Certification Effective Dates are correct, contact the person’s PACE organization.
<p>HS-0022: This 3071 Update cannot be processed because there are one or more PACE Service Authorizations during the remainder of the Hospice timeframe.</p>	<p>3071 (Update)</p>	<p>The person has a Service Authorization for PACE (the Program for All Inclusive Care for the Elderly) that overlaps the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update form is correct. • If the 3071 From Date is wrong, correct the rejected 3071 Update form and submit it. • If the 3071 From Date is correct, contact the person’s PACE organization.

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Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0023: This 3074 Recertification cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3074 (Recert)</p>	<p>The person has a Service Authorization for PACE (the Program for All Inclusive Care for the Elderly) that overlaps the Hospice timeframe that would be created by the rejected 3074 Recertification form.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification form is correct. • If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. • If the 3074 Recertification Date is correct, contact the person’s PACE organization.
<p>HS-0024: This 3074 Recertification cannot be processed because the 3074 Recertification Date is earlier than 30 calendar days before the end of the previous certification period.</p>	<p>3074 (Recert)</p>	<p>The 3074 Recertification Date is earlier than 30 calendar days before the end of the previous certification period.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification form is correct. Also, determine the end of the previous Hospice timeframe (established by the initial 3071 Election - 3074 Certification pair of forms, or the most recent previous 3074 Recertification form). • If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. • If the 3074 Recertification Date is correct, resubmit the rejected 3074 Recertification form at a later date (within 30 calendar days before the end of the previous certification period).

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0025: This 3074 Recertification cannot be processed because the 3074 Hospice Physician Signature Date on the 3074 Recertification is earlier than 30 calendar days before the 3074 Recertification Date.</p>	<p>3074 (Re-cert)</p>	<p>The 3074 Hospice Physician Signature Date is earlier than 30 calendar days before the 3074 Recertification Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3074 Hospice Physician Signature Date and the 3074 Recertification Date on the rejected 3074 Recertification form is correct. • If the 3074 Hospice Physician Signature Date and/or the 3074 Recertification Date are wrong, correct the rejected 3074 Recertification form and submit it. • If the 3074 Hospice Physician Signature Date and the 3074 Recertification Date are correct, the form is invalid and cannot be used. Inactivate the rejected 3074 Recertification form and submit a new 3074 Recertification form using new dates.
<p>HS-0027: This 3074 Recertification cannot be processed because there are future Hospice records on file for the submitted Provider No. as of the 3074 Recertification Date. Contact LTC Provider Claims Services for assistance.</p>	<p>3074 (Re-cert)</p>	<p>The person has a future Service Authorization or Enrollment for the submitted Provider Number as of the 3074 Recertification Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification form is correct. • If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. • If the 3074 Recertification Date is correct, it must be processed manually. Contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0028: This Election/ Certification pair cannot be processed because the individual is in an ICF facility during the Hospice time-frame.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The submitted 3071 Setting is NF or SNF and the person has a Service Authorization for an ICF that overlaps the Hospice timeframe that would be created by the rejected 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the Election and Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms are correct. • If the 3071 Setting is wrong, correct the rejected 3071 Election form and submit it, then resubmit the other form of the pair. • If the 3071 From Date - 3074 Election/Start Date is wrong, inactive the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/ Start Date must be the same for the LTC On-line Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it, then resubmit the other form of the pair. • If the 3071 Setting and the Election and Certification Effective Dates are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0029: This 3071 Update cannot be processed because there are one or more ICF Service Authorizations during the remainder of the Hospice timeframe.</p>	<p>3071 (Update)</p>	<p>The submitted 3071 Setting is NF or SNF and the person has a Service Authorization for an ICF that overlaps the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update form are correct. • If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update form and submit it. • If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>HS-0030: This 3071 Update cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Update)</p>	<p>The submitted 3071 Setting changed from ICF to NF or SNF and the person has a Service Authorization for an ICF that overlaps the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update form are correct. • If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update form and submit it. • If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0031: This Election/ Certification pair cannot be processed because the individual is not in an ICF facility as of the later of the 3071 Election and 3074 Certification effective dates.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The submitted 3071 Setting is ICF and the person has no Service Authorizations for an ICF as of the later of the Election or Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the Election and Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms are correct. • If the 3071 Setting is wrong, correct the rejected 3071 Election form and submit it, then resubmit the other form of the pair. • If the 3071 From Date - 3074 Election/Start Date is wrong, inactive the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/ Start Date must be the same in for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it, then resubmit the other form of the pair. • If the 3071 Setting and the Election and Certification Effective Dates are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0032: This 3071 Update cannot be processed because the individual is not in an ICF facility as of the 3071 From Date.</p>	<p>3071 (Update)</p>	<p>The submitted 3071 Setting is ICF and the person has no Service Authorizations for an ICF as of the 3071 From Date on the rejected 3071 Update form.</p> <ul style="list-style-type: none"> Review the person's records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update form are correct. If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update form and submit it. If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>HS-0033: This 3071 Cancel must be processed manually because the 3071 To Date matches the Hospice election begin date. Processing this 3071 Cancel would inactivate the entire Hospice election. Contact LTC Provider Claims Services for assistance.</p>	<p>3071 (Cancel)</p>	<p>The 3071 To Date is equal to the Hospice election begin date and the 3071 Cancel Code does not indicate that the person is deceased. Processing the rejected 3071 Cancel form would inactivate the entire Hospice election.</p> <ul style="list-style-type: none"> Review the person's records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel form are correct. If the 3071 To Date and/or 3071 Cancel Code are wrong, correct the rejected 3071 Cancel form and submit it. If the intent was to inactivate the entire Hospice election, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>HS-0034: This 3071 Cancel cannot be processed because the Hospice Enrollment has already been ended. If changes for that Cancel Effective Date are needed, a 3071 Cancel Modification is required.</p>	<p>3071 (Cancel)</p>	<p>The Hospice election has already been ended by a 3071 Cancel form (there is a Termination Code on file).</p> <ul style="list-style-type: none"> Review the person's records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel form are correct. If the 3071 To Date and/or 3071 Cancel Code are wrong, correct the rejected 3071 Cancel form and submit it. If the 3071 To Date and the 3071 Cancel Code are correct, inactivate the rejected 3071 Cancel form, then correct the existing 3071 Cancel form that ended the Hospice timeframe and submit it.

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Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0035: This 3071 Cancel cannot be processed because there are Hospice Service Authorizations (or an Enrollment) for a different Provider No. as of the Cancel Effective Date.</p>	<p>3071 (Cancel)</p>	<p>There are Hospice Service Authorizations (or an Enrollment) for a different Provider Number as of the Cancel Effective Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel form are correct and verify that the form was submitted using the right Provider Number. Also, identify the 3071 Election - 3074 Certification pair of forms and verify that they were successfully processed. • If the wrong Provider Number was used, inactivate the rejected 3071 Cancel form and submit a new form using the right Provider Number. • If the right Provider Number was used but the 3071 To Date and/or 3071 Cancel Code are wrong, correct the rejected 3071 Cancel form and submit it. • If the 3071 Election - 3074 Certification pair of forms that established the Hospice timeframe was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms, then resubmit the rejected 3071 Cancel form.
<p>HS-0036: This 3071 Cancel cannot be processed because there are no Hospice Service Authorizations (or an Enrollment) for any Provider No. as of the Cancel Effective Date.</p>	<p>(3071 Cancel)</p>	<p>There are no Hospice Service Authorizations (or an Enrollment) for any Provider Number as of the Cancel Effective Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel form are correct. Also, identify the 3071 Election - 3074 Certification pair of forms and verify that they were successfully processed. • If the 3071 To Date and/or 3071 Cancel Code are wrong, correct the rejected 3071 Cancel form and submit it. • If the 3071 Election - 3074 Certification pair of forms that established the Hospice timeframe was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms, then resubmit the rejected 3071 Cancel form.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0708: This 3071 Update modification cannot be processed because a 3071 Update (or 3071 Update Modification) has already been submitted for the same 3071 From Date. If changes for that 3071 From Date are needed, a 3071 Update Modification is required.</p>	<p>3071 (Update Mod)</p>	<p>A 3071 Update (or 3071 Update Modification) of a different form (different DLN chain) has already been submitted for the same 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that rejected 3071 Update modification form represents a different Update event. • If the rejected 3071 Update modification form represents a different Update event, correct the rejected 3071 Update modification form and submit it. • If the rejected 3071 Update modification form represents the same Update event, inactivate the rejected form. If changes are needed for that Update event, correct the form in the other DLN chain and submit it.
<p>HS-0714: This 3074 Certification modification cannot be processed because the same individual signed as the Attending Physician and Hospice Physician (same License No.).</p>	<p>3074 (Cert Mod)</p>	<p>The 3074 Exclusion Statement was not signed and the same person signed the 3074 Certification modification form as the Attending Physician and Hospice Physician.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the Attending Physician information on the rejected 3074 Certification modification form is correct. • If there is no Attending Physician, correct the rejected 3074 Certification modification form after the Exclusion Statement has been signed and submit it. • If there is an Attending Physician, correct the Attending Physician and/or Hospice Physician information on the rejected 3074 Certification modification form (they cannot be the same person) and submit it.

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Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0715: This 3074 Certification modification cannot be processed because the Attending and/or Hospice Physician Signature Date is earlier than 15 calendar days before the 3074 Election/Start Date.</p>	<p>3074 (Cert Mod)</p>	<p>The Attending and/or Hospice Physician Signature Date on the 3074 Certification modification form is earlier than 15 calendar days before the 3074 Election/Start Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the Attending and/or Hospice Physician Signature Dates on the rejected 3074 Certification modification form are correct. • If either or both Physician Signature Dates are wrong, correct the rejected 3074 Certification modification form and submit it. • If the 3074 Election/Start Date is wrong, inactive the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/Start Date must be the same for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p>
<p>HS-0716: This 3071 Update modification cannot be processed because the 3071 From Date is earlier than the Hospice certification/recertification begin date. Submit a 3071 Update if changes to the prior period are needed.</p>	<p>3074 (Cert Mod) 3071 (Update Mod)</p>	<p>The 3071 From Date is earlier than the Hospice certification/recertification begin date associated with the parent 3071 Update form.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update modification form is correct and determine if it is for the same Update event as the parent 3071 Update form. • If the 3071 From Date is wrong and is for the same Update event, correct the rejected 3071 Update modification form and submit it. • If the 3071 From Date is correct and is for a different Update event, deactivate the rejected 3071 Update modification form, then correct the existing 3071 Update form associated with the earlier Hospice timeframe and submit it, or submit a new 3071 Update form for the earlier Hospice timeframe, if one does not exist for that Update event.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0718: This 3071 Update modification cannot be processed because the 3071 From Date is later than the Hospice certification/recertification end date. Submit a 3071 Update if changes to the subsequent period are needed.</p>	<p>3071 (Update Mod)</p>	<p>The 3071 From Date is later than the Hospice certification/recertification end date associated with the parent 3071 Update form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update modification form is correct and determine if it is for the same Update event as the parent 3071 Update form. If the 3071 From Date is wrong and is for the same Update event, correct the rejected 3071 Update modification form and submit it. If the 3071 From Date is correct and is for a different Update event, inactivate the rejected 3071 Update modification form, then correct the existing 3071 Update form associated with the later Hospice timeframe and submit it, or submit a new 3071 Update form for the later Hospice timeframe, if one does not exist for that Update event.
<p>HS-0719: This 3071 Election modification cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3071 (Elect Mod)</p>	<p>The person has a Service Authorization for PACE (the Program for All Inclusive Care for the Elderly) that overlaps the Hospice timeframe that would be created by the rejected 3071 Election modification form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the Election Effective Date on the rejected form is correct. If the 3071 From Date is wrong, inactive the rejected 3071 Election modification and 3074 Certification form of the pair and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/Start Date must be the same for the LTC On-line Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> If the Client Signed Date is wrong, correct the rejected 3071 Election modification form and submit it. If the Election Effective Date is correct, contact the person’s PACE organization.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0720: This 3071 Update modification cannot be processed because there are one or more PACE Service Authorizations during the remainder of the Hospice timeframe.</p>	<p>3071 (Update Mod)</p>	<p>The person has a Service Authorization for PACE (the Program for All Inclusive Care for the Elderly) that overlaps the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update modification form is correct. • If the 3071 From Date is wrong, correct the rejected 3071 Update modification form and submit it. • If the 3071 From Date is correct, contact the person’s PACE organization.
<p>HS-0721: This 3074 Certification modification cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3074 (Cert Mod)</p>	<p>The person has a Service Authorization for PACE (the Program for All Inclusive Care for the Elderly) that overlaps the Hospice timeframe that would be created by the rejected 3074 Certification modification form.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the Certification Effective Date on the rejected form is correct. • If the 3074 Election/Start Date is wrong, inactive the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/Start Date must be the same for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the Certification Effective Date is wrong (other than the 3074 Election/Start Date), correct the rejected 3074 Certification form and submit it. • If the Certification Effective Date is correct, contact the person’s PACE organization.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0722: This 3074 Recertification modification cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3074 (Re-cert Mod)</p>	<p>The person has a Service Authorization for PACE (the Program for All Inclusive Care for the Elderly) that overlaps the Hospice timeframe that would be created by the rejected 3074 Recertification modification form.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification modification form is correct. • If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification modification form and submit it. • If the 3074 Recertification Date is correct, contact the person’s PACE organization.
<p>HS-0723: This 3074 Recertification modification cannot be processed because the 3074 Recertification Date is earlier than 30 calendar days before the end of the certification period it is seeking to modify.</p>	<p>3074 (Re-cert Mod)</p>	<p>The 3074 Recertification Date is earlier than 30 calendar days before the end of the previous certification period.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification modification form is correct. Also, determine the end of the previous Hospice timeframe (established by the initial 3071 Election - 3074 Certification pair of forms, or the most recent previous 3074 Recertification form). • If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification modification form and submit it. • If the 3074 Recertification Date is correct, resubmit the rejected 3074 Recertification modification form at a later date (within 30 calendar days before the end of the previous certification period).

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0725: This 3071 Election modification cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Elect Mod)</p>	<p>The submitted 3071 Setting is NF or SNF and the person has a Service Authorization for an ICF that overlaps the Hospice timeframe that would be created by the rejected 3071 Election modification form.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the Election Effective Date on the rejected 3071 Election modification form are correct. • If the 3071 Setting is wrong, correct the rejected 3071 Election modification form and submit it. • If the 3071 From Date is wrong, inactive the rejected 3071 Election modification and 3074 Certification form of the pair and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/Start Date must be the same for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the 3071 Client Signed Date is wrong, correct the rejected 3071 Election modification form and submit it. • If the 3071 Setting and the Election Effective Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>HS-0726: This 3071 Update modification cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Update Mod)</p>	<p>The submitted 3071 Setting is NF or SNF and the person has a Service Authorization for an ICF that overlaps the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update modification form are correct. • If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update modification form and submit it. • If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0727: This 3071 Election modification cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Elect Mod)</p>	<p>The submitted 3071 Setting changed from ICF to NF or SNF and the person has a Service Authorization for an ICF that overlaps the Hospice timeframe that would be created by the rejected 3071 Election modification form.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the Election Effective Date on the rejected 3071 Election modification form are correct. • If the 3071 Setting is wrong, correct the rejected 3071 Election modification form and submit it. • If the 3071 From Date is wrong, inactive the rejected 3071 Election modification and 3074 Certification form of the pair and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/Start Date must be the same for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the 3071 Client Signed Date is wrong, correct the rejected 3071 Election modification form and submit it. • If the 3071 Setting and the Election Effective Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>HS-0728: This 3071 Update modification cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Update Mod)</p>	<p>The submitted 3071 Setting changed from ICF to NF or SNF and the person has a Service Authorization for an ICF that overlaps the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update modification form are correct. • If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update modification form and submit it. • If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0729: This 3071 Election modification cannot be processed because the individual is not in an ICF facility as of the later of the submitted 3071 Election modification effective date and the related 3074 Certification effective date.</p>	<p>3071 (Elect Mod)</p>	<p>The submitted 3071 Setting is ICF and the person has no Service Authorization for an ICF as of the later of the rejected 3071 Election modification Effective Date and the 3074 Certification Effective Date of the pair.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the Election Effective Date on the rejected 3071 Election modification form are correct. • If the 3071 Setting is wrong, correct the rejected 3071 Election modification form and submit it. • If the 3071 From Date is wrong, inactive the rejected 3071 Election modification and 3074 Certification form of the pair and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: <i>The 3071 From Date and 3074 Election/Start Date must be the same for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</i></p> <ul style="list-style-type: none"> • If the 3071 Client Signed Date is wrong, correct the rejected 3071 Election modification form and submit it. • If the 3071 Setting and the Election Effective Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>HS-0730: This 3071 Update modification cannot be processed because the individual is not in an ICF facility as of the 3071 From Date.</p>	<p>3071 (Update Mod)</p>	<p>The submitted 3071 Setting is ICF and the person has no Service Authorizations for an ICF as of the 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update modification form are correct. • If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update modification form and submit it. • If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0731: This 3071 Cancel modification cannot be processed because the Cancel Effective Date is earlier than the Hospice certification/recertification begin date. Submit a 3071 Cancel if changes to the prior period are needed.</p>	<p>3071 (Cancel Mod)</p>	<p>The Cancel Effective Date is earlier than the Hospice certification/recertification begin date associated with the parent 3071 Cancel form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel modification form are correct and determine if they are for the same Cancel event as the parent 3071 Cancel form. If the 3071 To Date and/or 3071 Cancel Code are wrong and are for the same Cancel event, correct the rejected 3071 Cancel modification form and submit it. If the 3071 Cancel Effective Date is correct and is for a different Cancel event, inactivate the rejected 3071 Cancel modification form, then correct the existing 3071 Cancel form associated with the earlier Hospice timeframe and submit it, or submit a new 3071 Cancel form for the earlier Hospice timeframe, if one does not exist for that Cancel event.
<p>HS-0733: This 3071 Cancel modification cannot be processed because the Cancel Effective Date is later than the Hospice certification/recertification end date.</p>	<p>3071 (Cancel Mod)</p>	<p>The Cancel Effective Date is later than the Hospice certification/recertification end date associated with the parent 3071 Cancel form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel modification form are correct and determine if they are for the same Cancel event as the parent 3071 Cancel form. If the 3071 To Date and/or 3071 Cancel Code are wrong and are for the same Cancel event, correct the rejected 3071 Cancel modification form and submit it. If the 3071 Cancel Effective Date is correct and is for a different Cancel event, inactivate the rejected 3071 Cancel modification form, then correct the existing 3071 Cancel form associated with the later Hospice timeframe and submit it, or submit a new 3071 Cancel form for the later Hospice timeframe, if one does not exist for that Cancel event.

MDS/LTCMI For Hospice Services

The LTC Minimum Data Set (MDS) is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all recipients in a Medicare- or Medicaid-certified LTC facility. The MDS contains items that measure physical, psychological, and psychosocial functioning. The items in the MDS give a multidimensional view of the person's functional capacities and helps staff to identify health problems.

The processes described earlier in this User Guide are completed only by NF providers so that Hospice providers will then be able to search using the FSI function. Hospice providers will not complete these processes.

Assessments that nursing facility providers may submit to Center for Medicare and Medicaid Services (CMS) and for Medicaid are:

- Admission assessment (required by day 14).
- Quarterly review assessment.
- Annual assessment.
- Significant change in status assessment.
- Significant correction to prior comprehensive assessment.
- Significant correction to prior quarterly assessment.
- Inactivation.
- Modification.

MDS 3.0 assessments that are accepted by CMS are retrieved by TMHP nightly, loaded onto the LTC Online Portal, and set to status ***Awaiting LTC Medicaid Information***. Once the LTCMI has been successfully completed and submitted on the LTC Online Portal, the MN determination process will begin.

MDS 3.0 Admission assessments are effective based on the Entry Date entered into field A1600. System processing will start the Level record either based on the Entry Date or the completion date (Z0500B) minus 30 days, whichever is later.

Note: *If the begin date of the Level record needs to be adjusted because the timeframe between Entry Date and the completion date is over 30 days, a telephone call is required to HHS LTC Provider Claims Services (512) 438-2200, Option 1, for the additional days.*

All other assessment types will be effective based on the completion date (Z0500B).

All assessments without a Purpose Code are valid for 92 days from the completion date. Expiration dates on the MESAV also include a 31-day grace period for the next submission.

An MDS 3.0 Admission assessment is valid in three situations:

- 1) For a first physical admission into a NF, an Admission assessment is valid. Regardless of whether the person is private pay, Medicare, or Medicaid, the provider should complete an Admission assessment for a first physical Omnibus Budget Reconciliation Act (OBRA) admission within 14 calendar days of admission to the NF. For Texas Medicaid, if a person is active in a NF and discharges to another NF for even one day, then returns to the original NF, the readmission to the original NF is considered a first physical admission. As soon as another provider is introduced, the prior NF's MDS cycle for the person is ended and must be restarted if the person returns to the original NF. Discharging to the person's home, to Hospice, to another Medicaid service (community services), or to the hospital is not discharging to another NF.
- 2) If the person discharges from a NF and the Form 3618 discharge type indicates Return Not Anticipated, a new Admission assessment is required if the person readmits to the NF. Remember that the Form 3618 is expected to match the MDS discharge tracking form also submitted for this person. The MDS discharge tracking form would indicate Discharge – Return Not Anticipated. Although CMS rules allow the use of the Reason for Assessment on the discharge tracking form for any person whose first physical admission to the NF is less than 14 days, a provider should NOT use this reason for assessment if the person's stay is being paid for by Texas Medicaid. This is because if the provider does not complete an OBRA Admission assessment as completely as possible, even if the person is in the provider's building for only one day, the provider will not have an MDS assessment for billing purposes. If the Form 3618 or MDS tracking form discharge type is marked incorrectly, the discharge type **can** be corrected.
- 3) If the person is physically discharged from the facility for over 30 days – regardless of reason or location – CMS requires an Admission assessment. For example, if the discharge to the hospital was marked Return Anticipated, and the person is in the hospital over 30 days, a new MDS 3.0 Admission assessment is due. The Entry Date should be the new admission to the facility after the discharge that was over 30 days. If the Entry Date is submitted with a date prior to the discharge, a modification will be required to adjust the date so the assessment is valid for the dates after readmission.

Validating the Appropriateness of an Admission Assessment

If the Entry Date of an MDS assessment overlaps with an established MDS for the same NF, the coding of Admission assessment is most likely in error.

One of the considerations in validating an Admission assessment is the relationship between the Entry Date and the completion dates. An Admission assessment should be completed within 14 days of the Entry Date. CMS and HHS will accept the assessment if the timeframe is longer, but the provider must validate whether an Admission assessment is the appropriate reason for assessment.

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If the Entry Date is two years prior to the completion date, this assessment probably should not be an Admission assessment.

If the Admission assessment is needed because the resident had a Form 3618 discharge indicating Return Not Anticipated, the Entry Date should be the new readmission date, not an admission prior to the discharge. If the provider already submitted the assessment with the Entry Date prior to the discharge date, a modification must be transmitted to the state MDS database to adjust the Entry Date to the readmission date following the discharge.

Swing bed providers are required to submit MDS 3.0 assessments A0200 Type of Provider coded as 2. Swing Bed. MDS 3.0 assessments for swing bed providers include assessments listed in items A0310B, A0310C, A0310D, and A0310F. These assessments are submitted to CMS; however, they are not retrieved by TMHP. Swing bed providers must complete the appropriate MDS 3.0 OBRA-required Comprehensive or Quarterly assessments listed in item A0310A in accordance with the MDS 3.0 *RAI User's Manual* if services provided are eligible for Medicaid reimbursement. OBRA-required assessments listed in A0310A that meet TMHP guidelines are retrieved by TMHP and the associated LTCMI will have field S1c (Service Group) auto populated to equal ten (10) based on the vendor/provider number provided upon log in.

MDS Discharge Tracking and Re-Entry Tracking forms (3.0: A0310F) are used by CMS, but are not retrieved and loaded onto the LTC Online Portal. The 3618 and 3619 are used by the state for Medicaid processing of recipient movement.

If the person expires on the day the MDS Quarterly is due and there is no level of service for the date of death, the MDS Quarterly must be submitted to receive payment for the date of death.

To receive a RUG payment when a resident expires prior to completion of an Admission assessment, the Admission assessment must be completed and submitted to CMS with the information that is available. If CMS cannot calculate a RUG because the Admission assessment is incomplete or has errors, CMS will still assign a RUG value of BC1, which is the default rate. If the Admission assessment meets medical necessity and the resident has Medicaid eligibility for the days of services, payment can be made for the RUG value calculated by CMS.

Submission and Retrieval of MDS Assessment Providers should use their current method for submission to CMS, either through jRAVEN or another third-party software package. Validate the acceptance of the MDS 3.0 assessment using the validation report process from CMS.

TMHP receives assessments nightly. Only assessments that meet the following criteria will be loaded onto the LTC Online Portal:

- Reason for Assessment:
 - Admission assessment: A0310A=01.
 - Quarterly review assessment: A0310A=02.
 - Annual assessment: A0310A=03.
 - Significant change in status assessment: A0310A=04.
 - Significant correction to prior comprehensive assessment: A0310A=05.

- Significant correction to prior quarterly assessment: A0310A=06.
- National Provider ID (MDS 3.0: A0100A) should be entered to locate assessments set to status ***Awaiting LTC Medicaid Information***.
- Medicaid Number (MDS 3.0: A0700) contains + or a nine-digit numeric value.

Note: *Once accepted by CMS, it may be up to 48 business hours before the MDS 3.0 assessment is accessible on the LTC Online Portal for data entry in **Awaiting LTC Medicaid Information status**.*

Note: *The effective date of quarterly review assessments with a date after the 30-day submission period, can be adjusted by contacting HHS Provider Claim Services (PCS) directly to make the adjustment.*

Assessments loaded onto the LTC Online Portal are assigned a DLN and set to status ***Awaiting LTC Medicaid Information***.

Providers must log in to the LTC Online Portal and use FSI or Current Activity to find the submitted MDS assessment set to status ***Awaiting LTC Medicaid Information***. Complete the LTCMI and submit.

The MDS assessment must be accepted by the LTC Online Portal and have an LTCMI completed to begin the MN determination process. Periodically review the status of the MDS assessment for MN and Medicaid Processing using FSI or Current Activity.

When an MDS assessment is set to status ***PE MN Denied*** but the MN determination on the PE has been overturned, the NF can change the status of the MDS assessment. For more information, see the MDS set to status ***PE MN Denied*** section of this User Guide.

Note: *Providers should follow the federal MDS 3.0 RAI User's Manual for submission of an assessment. If the provider follows the federal guidelines for submission, and completes the LTCMI on the LTC Online Portal, there will not be a lapse in Texas Medicaid coverage.*

MDS Dually-Coded Assessments

Dually-coded assessments will be retrieved and loaded onto the LTC Online Portal nightly if the retrieval criteria above are present. If the assessment fails due to the Medicaid ID/Recipient name, the provider should refer to the MDS 3.0 *RAI User's Manual*, Chapter five, for further instructions and guidelines for submitting modifications to key resident identifying information fields. The MDS 3.0 *RAI User's Manual* can be found under Downloads on the CMS website: www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage.

Dually-coded assessments can be submitted as multiple combinations. If the person has been established with MDS RUG's for the facility, then discharges to the hospital and returns to Medicare, the assessment can be dually-coded for the appropriate Medicaid assessment due and the proper Medicare assessment due. An assessment for an established person admitting to Medicare can be coded as a Medicaid Quarterly and a Medicare five-day assessment. If an assessment is coded for a Medicaid Admission assessment and a Medicare five-day assessment and the resident has a current RUG already established, the Medicaid admission RUG will not be used unless the person was out over 30 days or discharged Return Not Anticipated. If the RUG is wanted for Medicaid, it will require inactivating the assessment at CMS and resubmitting with a different Medicaid reason for assessment.

Long-Term Care Medicaid Information (LTCMI)

LTCMI is the replacement for the federal MDS Section S and contains state-specific items for Medicaid payment. Providers must access the LTC Online Portal and retrieve their MDS assessments to successfully complete the LTCMI. Providers should complete the LTCMI section as soon as possible to submit the MDS assessment into TMHP's workflow for review within the anticipated quarter time frame. The anticipated quarter is within 92-days of the date the RN Assessment Coordinator signed the MDS assessment as complete (Z0500B). This is known as the 92-day timeliness rule.

Submission of LTCMI

To enter the LTCMI, the provider must log in to the LTC Online Portal and access their assessments set to status ***Awaiting LTC Medicaid Information*** using FSI or Current Activity. The LTCMI must be completed with all required data and be successfully submitted on the LTC Online Portal.

Note: *The LTC Online Portal allows a 60-day grace period for submission of the LTCMI for Change of Ownership (CHOW) and new owners. Facilities have 60 days from the day the first MDS LTCMI is submitted on the LTC Online Portal with the new provider number to submit any additional MDS assessments in **Awaiting LTC Medicaid Information** status, whether within the 92-day submission window or not, without requiring a Purpose Code (PC) E.*

LTCMI Rejections

The LTCMI may be rejected for a variety of issues. If an LTCMI has been rejected, it may be due to one of the following issues listed in this section.

If a PL1 Screening Form (PL1) has not been submitted prior to the submission of the LTCMI, and there is no PL1 found on the LTC Online Portal for this person, the LTCMI will not be accepted on the LTC Online Portal. Attempting to submit the LTCMI without a PL1 Screening Form will result in an error message stating: PASRR Screening (PL1) not found. A PL1 is required before an MDS LTCMI can be submitted; you may save the LTCMI and submit after PL1 is submitted.

If a PL1 has been submitted with an assessment date that is prior to the assessment date of the LTCMI being submitted, and the Vendor/Provider numbers in Section D of the PL1 do not match the MDS LTCMI Vendor/Provider numbers of the NF, the LTCMI will not be accepted on the LTC Online Portal. Attempting to submit the LTCMI without a matching PL1 will result in an error message stating: PASRR Screening (PL1) not found for this Nursing Facility. A PL1 is required before MDS LTCMI can be submitted; you may save the LTCMI and submit after PL1 is submitted.

For Preadmission PASRR Positive people with an active PL1, the LTC Online Portal will not accept the LTCMI without an associated PASRR Evaluation (PE). Attempting to submit the LTCMI without a PE will result in an error message stating: PASRR Evaluation (PE) not found. A PE is required before MDS LTCMI can be submitted. Please contact your Local Authority to perform the PASRR Evaluation; you may save the LTCMI and submit after PE is submitted.

In addition, when a PE is required for the admission process, an MDS LTCMI cannot be submitted prior to Medical Necessity (MN) Determination on the PE. The initial MDS assessment will inherit the MN determination from the PE, if the MDS assessment effective date is within 30 days (plus or minus) of the date of assessment of the PE. Attempting to submit the LTCMI prior to MN determination will result in an error message stating: MDS LTCMI cannot be submitted prior to Medical Necessity (MN) Determination on the PASRR Evaluation; you may save the LTCMI and submit after MN on PE is complete.

If the LTCMI is rejected because the latest Interdisciplinary Team (IDT) meeting on the latest PL1 submitted for the person that is associated with the NF was not submitted on the LTC Online Portal within the last year, the NF will be able to save the LTCMI and resubmit it after successful submission of IDT meeting. The error message will read: An Interdisciplinary Team (IDT) meeting submission is not found on the LTC Online Portal, or it was found but the IDT meeting date is more than one year ago. An IDT meeting submission is required before the MDS LTCMI can be submitted. You may save the LTCMI and submit after IDT is submitted.

The LTC Online Portal will not reject the MDS LTCMI for missing an IDT meeting submission under the following circumstances:

- The PL1 is inactive (resident has been transferred, is deceased, or has been discharged).
- A positive PE for this person at this NF was not found on the LTC Online Portal.

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- The resident is in the Hospice Program (Service Group 8) as of the current date or the MDS Assessment Effective Date. Indication of hospice will be checked both in the MDS (Section O and LTCMI) and Claims Management System.
- The NF has undergone a CHOW and the system finds that the IDT (with the IDT meeting date within the past year) was submitted on the Pre-CHOW PASRR Comprehensive Service Plan (PCSP) form.

Providers have the ability to save the LTCMI and attempt resubmission once the PL1 Screening Form, PE, or IDT meeting have been submitted on the LTC Online Portal.

Finding Assessments Using Form Status Inquiry

- 1) Click the **Submit Form** link located in the blue navigational bar.
- 2) Choose **Form Status Inquiry** link from the drop-down menu.
- 3) Type of Form: Choose one of the following options from the drop-down box:
 - a) MDS 3.0: Minimum Data Set (Comprehensive)
 - b) MDSQTR 3.0: Minimum Data Set (Quarterly)

Note: The following is an example of an MDS 3.0 Comprehensive assessment.

Form Select

Type of Form MDS 3.0: Minimum Data Set (Comprehensive) ▼

Vendor Number for Provider Number ▼

Form Status Inquiry

DLN	<input style="width: 90%;" type="text"/>	Medicaid Number	<input style="width: 90%;" type="text"/>
Last Name	<input style="width: 90%;" type="text"/>	First Name	<input style="width: 90%;" type="text"/>
Form Status	▼	To Date	5/20/2013 ▼
SSN	<input style="width: 90%;" type="text"/>		
From Date	<input style="width: 90%;" type="text"/>		
Purpose Code	<input style="width: 90%;" type="text"/>		
Reason for Assessment	▼		

- AI Check Inactive
- Appealed
- Approved
- Awaiting LTC Medicaid Information
- Coach Pending More Info
- Coach Review
- Corrected
- Denied
- Form Inactivated
- ID Invalid
- Invalid/Complete
- ME Check Inactive
- Med ID Check Inactive
- Medicaid ID Pending
- Out of State RN License Invalid
- Overtured Doctor Review
- PASARR not found invalid form
- Pending Applied Income
- Pending Denial (need more information)
- Pending Medicaid Eligibility
- Pending More Info
- Pending Review
- Pending RN License Verification
- Processed/Complete
- Provider Action Required
- SAS Request Pending
- Submitted to manual workflow
- Waiting for PASARR verification

- 4) Form Status: Choose **Awaiting LTC Medicaid Information** from the drop-down box.
- 5) Enter a date range for the period for which you are searching. The system default for the search is within the past month; however, the date range must include the period in which the assessment was submitted.

Note: It may take up to 48 business hours after submission to CMS before the MDS 3.0 assessment is accessible on the LTC Online Portal for data entry in **Awaiting LTC Medicaid Information** status.

- 6) Click the **Search** button and the search results will display.
- 7) Click the **View Detail** link to display the details of the assessment.

Resource Utilization Group (RUG) Value

The RUG is used for MDS 3.0 to classify relative direct care resource requirements for nursing facility residents and to determine the rate of payment for Nursing Facility Daily Care and hospice room and boarding fees. Once an individual assessment is open, the RUG value can be found next to the DLN.

MINIMUM DATA SET (MDS) – Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Current Status: Awaiting LTC Medicaid Information Name: [REDACTED] DLN: [REDACTED] **RUG:CA1**

Form Actions:
Print Save LTCMI Populate LTCMI

Section A.	Section B.	Section C.	Section D.
Section E.	Section F.	Section G.	Section H.
Section I.	Section J.	Section K.	Section L.
Section M.	Section N.	Section O.	Section P.
Section Q.	Section V.	Section X.	Section Z.

Section LTCMI.

If You Cannot Locate Your MDS Using FSI or Current Activity

- After confirming the requested date range, be sure to verify all of the following: MDS was accepted (not rejected) by CMS in your validation report.
- A valid Medicaid number or + was entered in field A0700.
- A0700 does not contain an 'N.'
- A0310A has a response of 01, 02, 03, 04, 05, or 06.
- A0310A does not contain a 99.
- Name on the MDS is exactly the same as the person's Medicaid ID card.
- NPI entered in field A0100A matches the Vendor/Provider information on the MESAV for that person.

Using FSI to Identify Residents with Specific PASRR Conditions

Nursing facilities can use FSI to identify residents with specific PASRR conditions. This can assist NFs in identifying the number of residents in the facility who are IDD only, MI only, IDD and MI, or PASRR Negative.

The LTC Online Portal will:

- Derive and store the PASRR condition of NF residents, as indicated by the latest active PASRR Evaluation (PE)* for the resident at the time of the most recent MDS LTCMI submission (*An active PE is one that is not set to status **Pending Form Completion** or **Form Inactivated**).
- Provide the capability to export the resident-based search results to Microsoft Excel®.
- Provide a capability to search for residents in the facility based on their PASRR condition, by selecting an option from the drop-down box in the FSI.

- Display a list of residents when searching by a PASRR condition listed in the PASRR Eligibility Type drop-down box of the FSI.

To use FSI this way you must select MDS 3.0: Minimum Data Set (Comprehensive) or MDSQTR 3.0: Minimum Data Set (Quarterly) from the FSI Type of Form drop-down box.

- 1) Click the **Search** link on the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down menu.
- 3) Type of Form: Choose one of the following options from the drop-down box:
 - a) MDS 3.0: Minimum Data Set (Comprehensive)
 - b) MDSQTR 3.0: Minimum Data Set (Quarterly)
- 4) Vendor Number: Choose the submitter Vendor Number/Provider Number from the drop-down box.
- 5) From the PASRR Eligibility Type drop-down box choose one of the following:
 - a) IDD Only
 - b) MI Only
 - c) IDD and MI
 - d) Negative

The screenshot shows the 'Form Status Inquiry' search interface. The navigation bar includes 'Submit Form', 'Search', 'Worklist', 'Printable Forms', 'Alerts', and 'Help'. The main title is 'Form Status Inquiry'. Under 'Form Select', there is a 'Type of Form' dropdown menu set to 'MDSQTR 3.0: Minimum Data Set (Quarterly)' and a 'Vendor Number' field. Under 'Form Status Inquiry', there are input fields for 'DLN', 'Last Name', 'Form Status', 'SSN', 'From Date' (03/23/20), 'Purpose Code', 'Reason for Assessment', 'Medicaid Number', and 'First Name'. A 'PASRR Eligibility Type' dropdown menu is open, showing options: 1. IDD Only, 2. MI Only, 3. IDD and MI, and 4. Negative. A 'Search' button is located at the bottom right of the form area.

- 6) Click the **Search** button. The search will return all current residents who meet the search criteria. Current residents are determined by fields B0650. Individual is deceased or has been

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discharged? and B0655. Deceased/Discharged Date of the PL1.

Form Select

Type of Form: MDS 3.0: Minimum Data Set (Comprehensive)

Vendor Number: for Provider Number

Form Status Inquiry

DLN:

Last Name:

Form Status:

SSN: --

From Date: 04/28/2015

Purpose Code:

Reason for Assessment:

PASRR Eligibility Type: 2. MI Only

Medicaid Number:

First Name:

To Date: 04/28/2015

record(s) returned.

[Export Data to Excel](#)

Last Name	First Name	PASRR Eligibility Type	Medicaid #	SSN	Medicare #	Vendor Number	Provider Number	Admission Date
WALKER	ROBERT	2. MI Only	000000000	000000000	000000000	0000	000000000	4/14/2014
WALKER	JOHN	2. MI Only	000000000	000000000	000000000	0000	000000000	5/31/2014
WALKER	LINDA	2. MI Only	000000000	000000000	000000000	0000	000000000	12/11/2011
WALKER	SALIM	2. MI Only	000000000	000000000	000000000	0000	000000000	5/2/2013
WALKER	SALIM	2. MI Only	000000000	000000000	000000000	0000	000000000	7/17/2013
WALKER	VERONICA	2. MI Only	000000000	000000000	000000000	0000	000000000	4/23/2014

NOTE: The PASRR Eligibility Type field will display on the FSI page to Local Authorities (LAs) who have authority to select an MDS 3.0 or MDSQTR 3.0 assessment; however, LAs will not be able to obtain FSI search results using the PASRR Eligibility Type field.

Circumstances for LTCMI Submission

Nursing facilities are directed to complete the LTCMI when seeking full Medicaid reimbursement (when a person is moving to full Medicaid or continuation of Medicaid payment). The LTCMI is not required for Medicare recipients or Co-insurance.

Note: HHS recommends completing the LTCMI if the person could possibly become Full Medicaid during the time period the assessment represents.

LTCMI Fields

Unlock Form

MINIMUM DATA SET (MDS) – Version 3.0
 RESIDENT ASSESSMENT AND CARE SCREENING
 Nursing Home Comprehensive (NC) Item Set

Current Status: Awaiting LTC Medicaid Information **Name:** _____ **DLN:** _____ **RUG:** SE2

Form Actions: Print Add Note Save LTCMI Populate LTCMI

Section A.	Section B.	Section C.	Section D.
Section E.	Section F.	Section G.	Section H.
Section I.	Section J.	Section K.	Section L.
Section M.	Section N.	Section O.	Section P.
Section Q.	Section V.	Section X.	Section Z.

Section LTCMI.

Section LTC Medicaid Information

S1. Claims Processing Information

S1a. DADS Vendor/Site ID Number

S1b. Provider Number

S1c. Service Group

S1d. Hospice Provider Number

S1e. Purpose Code

S1f. Missed Assessment or Prior Start Date

S1g. Missed Assessment or Prior End Date

S2. PASARR Information

S2a. To your knowledge, does the resident have an intellectual disability?

S2b. To your knowledge, does the resident have a developmental disability?

S2c. To your knowledge, does the resident have a condition of mental illness according to the PASARR guidelines?

S2d. Is the resident a danger to himself/herself?

S2e. Is the resident a danger to others?

S2f. Are specialized services indicated? Click this button to calculate/recalculate the value in field S2f.

Determine Specialized Services

S3. Physician's Evaluation & Recommendation

S3a. Does the MD/DO have plans for the eventual discharge of this resident?

S3b. Rehabilitative Potential

S3c. Did an MD/DO certify that this resident requires/continues to require nursing facility care?

S3d. MD/DO Last Name

S3e. MD/DO License #

S3f. MD/DO License State

S3g. MD/DO Military Spec Code #

The following MD/DO information is required if MD/DO is **not** licensed in Texas.

S3h. MD/DO First Name

S3i. MD/DO Address

S3j. MD/DO City

S3k. MD/DO State

S3l. MD/DO ZIP Code

S3m. MD/DO Phone

S4. Licenses

Provider Certification: On behalf of this facility, I certify to the completeness of the MDS Assessment.

S4a. RN Coordinator Last Name

S4b. RN Coordinator License #

S4c. RN Coordinator License State

S5. Primary Diagnosis

S5a. Primary Diagnosis ICD Code

S5b. Primary Diagnosis ICD Description

S6. Additional MN Information

S6a. Tracheostomy Care

S6b. Ventilator/Respirator

S6c. Number of hospitalizations in the last 90 days

S6d. Number of emergency room visits in the last 90 days

S6e. Oxygen Therapy

S6f. Special Ports/Central Lines/PICC

S6g. At what developmental level is the resident functioning?

S6h. Enter the number of times this resident has fallen in the last 90 days.

S6i. In how many of the falls listed above was the person physically restrained prior to the fall?

S6j. In the falls listed in S6h above, how many had the following contributory factors? (More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.)

S6j1. Environmental (debris, slick or wet floors, lighting, etc.)

S6j2. Medication(s)

S6j3. Major Change in Medical Condition (Myocardial Infarction (MI/Heart Attack), Cerebrovascular Accident (CVA/Stroke), Syncope (Fainting), etc.)

S6j4. Poor Balance/Weakness

S6j5. Confusion/Disorientation

S6j6. Assault by Resident or Staff

S8. Resident's Current Address

S8a. Resident's Address

S8b. City

S8c. State

S8d. ZIP Code

S8e. Phone

S9. Medications

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S8. Resident's Current Address	
S8a. Resident's Address	<input type="text"/>
S8b. City	<input type="text"/>
S8c. State	<input type="text"/>
S8d. ZIP Code	<input type="text"/>
S8e. Phone	<input type="text"/>
S9. Medications	
List all medications that the resident received during the last 30 days. Include scheduled medications that are used regularly, but less than weekly.	
<input type="checkbox"/> Medication Certification: I certify this resident is taking no medications OR the medications listed below are correct	
Add Meds	
S10. Comments	
<input type="text"/>	
S11. Advance Care Planning	
S11a. Does the resident report having a legally authorized representative?	<input type="text"/> 1. Yes
S11b. Does the resident report having a Directive to Physicians and Family or Surrogates?	<input type="text"/>
S11c. Does the resident report having a Medical Power of Attorney?	<input type="text"/>
S11d. Does the resident report having an Out-of-Hospital Do Not Resuscitate Order?	<input type="text"/>
S12. LAR Address	
Required if resident has reported having a legally authorized representative.	
S12a. LAR First Name	<input type="text"/>
S12b. LAR Last Name	<input type="text"/>
S12c. Address	<input type="text"/>
S12d. City	<input type="text"/>
S12e. State	<input type="text"/>
S12f. ZIP Code	<input type="text"/>
S12g. Phone	<input type="text"/>
History	
Awaiting LTC Medicaid Information	1/3/2009 2:00:21 PM
<input type="button" value="Submit Form"/>	

LTCMI Fields

S1. Claims Processing Information

S1a. HHS Vendor/Site ID Number.

Auto populated.

- This field is auto populated based on the Provider Identifier (NPI) number in field A0100A.
- This field is not correctable.
- If A0100A NPI is not correct on the MDS, then the NPI must be fixed at the CMS level.

S1b. Provider Number.

Auto populated.

- This field is auto populated based on the NPI number in field A0100A. This field is not correctable.
- If an NPI has more than 1 provider number associated with it, be sure the correct provider number is selected from the drop-down box.

S1c. Service Group.

Auto populated.

- This field is auto populated based on the user's log in credentials.
- This field is not correctable on the TMHP LTC Online portal.

LTCMI Fields

S1d. Hospice Provider Number.

Conditional.

- This field is required if 00100K. Hospice care column 2 While a Resident is checked.
- Enter the Medicaid Hospice provider number assigned by HHS. Entering the hospice provider number in this field will allow the hospice provider to view the assessment submitted on their behalf by the NF. This number will be validated and must contain a valid hospice provider number to be accepted onto the LTC Online Portal. If not valid, the provider will receive an error message stating Hospice Provider Number is invalid.

S1e. Purpose Code.

Optional.

- E. Missed Assessment
- M. Coverage Code must be P
- Providers should verify that the MESAV Coverage Code is P prior to submitting a Purpose Code M.
- This field is not removable once a Purpose Code has been selected and the assessment successfully submitted on the TMHP LTC Online Portal.

S1f. Missed Assessment or Prior Start Date (The first date the facility was not paid).

Conditional.

- This field is required if S1e. Purpose Code = E or M.
- This would be the first missed assessment date (Check MESAV for gaps).
- Enter the date in mm/dd/yyyy format of the missed assessment start date.
- Start Date cannot be prior to September 1, 2008.
- Field is correctable.

S1g. Missed Assessment or Prior End Date (The last date the facility was not paid).

Conditional.

- This field is required if S1e. Purpose Code = E or M.
- This would be the last missed assessment date (Check MESAV for gaps).
- Enter the date in mm/dd/yyyy format of the missed assessment or 3-month prior Retro Eligibility (Coverage code must be "P") end date.
- Date cannot be greater than date of submission (i.e., today's date).
- End date cannot be prior to the Start Date.
- Field is correctable.
- These dates are used to locate a gap of time. If a gap is not found within the range provided, the assessment will not be processed. Providers can submit a MDS Purpose Code E with a missed assessment date range greater than 92 days. This allows providers to submit one MDS Purpose Code E to cover large gaps in dates.

LTCMI Fields

S2. PASRR Information

S2a. To your knowledge, does the resident have an intellectual disability?

Required.

Choose from the drop-down box:

- 0. No
- 1. Yes

S2b. To your knowledge, does the resident have a developmental disability?

Required.

Choose from the drop-down box:

- 0. No
- 1. Yes

S2c. To your knowledge, does the resident have a condition of mental illness according to the PASRR guidelines?

Required.

Choose from the drop-down box:

- 0. No
- 1. Yes

S2d. Is the resident a danger to himself/herself?

Required.

Choose from the drop-down box:

- 0. No
 - 1. Yes
- If unknown, then reply with 0. No.

S2e. Is the resident a danger to others?

Required.

Choose from the drop-down box:

- 0. No
 - 1. Yes
- If unknown, then reply with 0. No.

S2f. Are specialized services indicated?

Disabled.

- This field is disabled. Click the Determine Specialized Services button to calculate and populate a value in S2f.

LTCMI Fields

S3. Physician's Evaluation & Recommendation

S3a. Does the MD/DO have plans for the eventual discharge of this resident?

Conditional.

Choose from the drop-down box:

- 0. No
- 1. Yes
 - This field is required if Admission assessment, SCSA, or Recovery of Lost Payment (Purpose Code E).

S3b. Rehabilitative Potential

Conditional.

Choose from the drop-down box:

- 1. good
- 2. fair
- 3. minimal
 - This field is required if Admission assessment, SCSA, or Recovery of Lost Payment (Purpose Code E).

S3c. Did an MD/DO certify that this resident requires/continues to require nursing facility care?

Conditional.

Choose from the drop-down box:

- 0. No
- 1. Yes
 - This field is required if Admission assessment, SCSA, or Recovery of Lost Payment (Purpose Code E).

S3d. MD/DO Last Name.

Required.

- Enter the last name of the MD/DO.

S3e. MD/DO License #.

Conditional.

- This field is required if S3g. MD/DO Military Spec Code # is not populated.
- Enter the license number of the MD/DO.
- This number is validated against the Texas Medical Board file.

Note: An error will occur if the license number does not pass validation. The assessment will not be considered successfully submitted until all errors are resolved.

- Physicians are not required to complete the RUG training.

LTCMI Fields

S3f. MD/DO License State.

Required.

- Choose the license state in which the MD/DO is licensed from the drop-down box.

S3g. MD/DO Military Spec Code #.

Conditional.

- This field is required if S3e. MD/DO License # is not populated.
- Enter the Military Spec Code number of the MD/DO.

Fields S3h through S3l (MD/DO information) are required if MD/DO is not licensed in Texas.

S3h. MD/DO First Name.

Conditional.

- This field is required if S3f License State is NOT Texas.
- Enter the first name of the resident's MD/DO.
- This information is used to mail MN determination letters.

S3i. MD/DO Address.

Conditional.

- This field is required if S3f License State is NOT Texas.
- Enter the street address of the resident's MD/DO.
- This information is used to mail MN determination letters.

S3j. MD/DO City.

Conditional.

- This field is required if S3f License State is NOT Texas.
- Enter the city of the resident's MD/DO mailing address.
- This information is used to mail MN determination letters.

S3k. MD/DO State.

Conditional.

- This field is required if S3f License State is NOT Texas.
- Enter the state of the resident's MD/DO mailing address.
- This information is used to mail MN determination letters.

S3l. MD/DO ZIP Code.

Conditional.

- This field is required if S3f License State is NOT Texas.
- Enter the ZIP code of the resident's MD/DO mailing address.
- This information is used to mail MN determination letters.

LTCMI Fields

S3m. MD/DO Phone.

Optional.

- This field is optional if S3f License State is NOT Texas.
- Enter the telephone number of the resident's MD/DO.
- This information is used to contact MD/DO if necessary.

S4. Licenses

Provider Certification: On behalf of this facility, I certify to the completeness of the MDS Assessment.

S4a. RN Coordinator Last Name.

Required.

- Enter the last name of the RN Assessment Coordinator. Providers must enter the same RN Coordinator name as entered in field z0500a of the MDS Assessment.

S4b. RN Coordinator License #.

Required.

- Enter the license number of the RN Coordinator.
- Licenses issued in Texas will be validated against the Texas BON (Board of Nursing) or Compact License will be validated with the issuing state's nursing board. This number is validated to ensure RUG training requirements have been met. The license numbers supplied at S4b must be RUG trained as offered by Texas State University. The assessment will not be accepted on the LTC Online Portal if the license # is not indicated as having completed the RUG training. The RUG training is online (web-based training) as offered by Texas State University. The training is valid for two years. The name entered in S4a should match the name in section Z0500A.

Note: *An error will occur if the license number does not pass validation. The assessment will not be considered successfully submitted until all errors are resolved.*

S4c. RN Coordinator License State.

Required.

- Choose the license state in which the RN Coordinator is licensed from the drop-down box.

S5. Primary Diagnosis

S5a. Primary Diagnosis ICD Code.

Required.

- Enter a valid ICD code for the person's primary diagnosis. Use your best clinical judgment.

LTCMI Fields

S5b. Primary Diagnosis ICD Description.

Optional.

- Click the magnifying glass and the description will be auto populated based on the primary diagnosis ICD Code.

S6. Additional MN Information

S6a. Tracheostomy Care.

Conditional.

Choose from the drop-down box:

- 1. Less than once a week.
- 2. 1 to 6 times a week.
- 3. Once a day.
- 4. Twice a day.
- 5. 3 – 11 times a day.
- 6. Every 2 hours.
- 7. 24 hour continuous.
 - This field is only required and available for data entry if O0100E. Tracheostomy care column 2 While a Resident is checked AND the resident is 21 years of age or younger.

ENTRY TIP: This field will be disabled if field O0100E2. Tracheostomy Care is not checked on the MDS. The Provider must submit an MDS Modification if field O0100E2 is not checked and S6a is to be claimed for the add-on rate.

S6b. Ventilator/Respirator.

Conditional.

Choose from the drop-down box:

- 1. Less than once a week
- 2. 1 to 6 times a week
- 3. Once a day
- 4. Twice a day
- 5. 3 – 11 times a day
- 6. 6 – 23 hours
- 7. 24 - hour continuous
 - This field is only required and available for data entry if O0100F Ventilator or respirator column 2 While a Resident is checked. Do not include BiPAP/CPAP.

S6c. Number of hospitalizations in the last 90 days.

Required.

- Record the number of times the resident was admitted to hospital with an overnight stay in the last 90 days (or since last assessment if less than 90 days). Enter 0 (zero) if no hospital admissions.
- Valid range includes 0 – 90.

LTCMI Fields

S6d. Number of emergency room visits in the last 90 days.

Required.

- Record the number of times the resident visited the Emergency Room (ER) without an overnight stay in the last 90 days (or since the last assessment if less than 90 days). Enter 0 (zero) if no ER visits.
- Valid range includes 0 – 90.

S6e. Oxygen Therapy.

Conditional.

Choose from the drop-down box:

- 1. Less than once a week
- 2. 1 to 6 times a week
- 3. Once a day
- 4. Twice a day
- 5. 3 – 11 times a day
- 6. 6 – 23 hours
- 7. 24 - hour continuous
 - This is a required field is only available for data entry if 00100C Oxygen therapy column 2 While a Resident is checked.

S6f. Special Ports/Central Lines/PICC.

Optional.

Choose from the drop-down box:

- N = none present.
- Y = 1 or more implantable access system or CVC.
- U = unknown.
 - Use this field to indicate if the resident has any type of implantable access system or central venous catheter (CVC). This includes epidural, intrathecal, or venous access or Peripherally Inserted Central Catheter (PICC) devices. This does NOT include hemodialysis or peritoneal dialysis access devices.

S6g. At what developmental level is the resident functioning?

Conditional.

Choose from the drop-down box:

- ‘-Unknown or unable to assess
- 1. < 1 Infant
- 2. 1 – 2 Toddler
- 3. 3 – 5 Pre-School
- 4. 6 – 10 School age
- 5. 11 – 15 Young Adolescence
- 6. 16 – 20 Older Adolescence
 - This is a required field for all assessments on residents who are 20 years of age or younger (based on birth date minus date of submission [TMHP Received date]). This field is not available for data entry if the resident is 21 years of age or older.

LTCMI Fields

S6h. Enter the number of times this resident has fallen in the last 90 days.

Required.

- Record the number of times the resident has fallen in the last 90 days. Enter 0 (zero) if no falls.
- Each fall should be counted separately. If the resident has fallen multiple times in one day, count each fall individually.
- Valid range includes 0 (zero) – 999. Leading zeroes may be included or omitted from the submitted value. A decimal point and decimal values may not be included on the LTC Online Portal.

S6i. In how many of the falls listed above was the person physically restrained prior to the fall?

Conditional.

- This is a required field if S6h indicates the resident has fallen.
- Valid range includes 0 (zero) with a maximum being the number entered in S6h.

S6j. In the falls listed in S6h above, how many had the following contributory factors? (More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.)

Conditional.

- S6j1 through S6j6 are required only if S6h indicates the resident has fallen.
- Valid range includes 1 (one) with a maximum being the number entered in S6h.
- S6j1. Environmental (debris, slick or wet floors, lighting, etc.).
- S6j2. Medication(s).
- S6j3. Major Change in Medical Condition (Myocardial Infarction [MI/Heart. Attack], Cerebrovascular Accident [CVA/Stroke], Syncope [Fainting], etc.).
- S6j4. Poor Balance/Weakness.
- S6j5. Confusion/Disorientation.
- S6j6. Assault by Resident or Staff.

S7. For HHS Only – RUG

S7b. For HHS Only – RUG

- When the LTCMI is printed S7b will show the calculated RUG value.

S8. Resident’s Current Address

S8a. Resident’s Address.

Required.

- Enter the street address where the resident is presently living.
- This information is used to mail MN determination letters.

S8b. City.

Required.

- Enter the city where the resident is presently living.
- This information is used to mail MN determination letters.

LTCMI Fields

S8c. State.

Required.

- Enter the state where of the resident is presently living.
- This information is used to mail MN determination letters.

S8d. ZIP CODE.

Required.

- Enter the ZIP code where the resident is presently living.
- This information is used to mail MN determination letters.

S8e. Phone.

Optional.

- Enter the contact telephone number for the resident if known. If the resident is residing in an NF and no other direct contact telephone number is known, enter the telephone number of the NF.

LTCMI Fields

S9. Medications

Medication Certification checkbox.

Required.

- Providers are required to check the Medication Certification checkbox to certify that the resident is taking no medications or the medication listed are correct.

S9. Medications

- S9 (1.) Medication Name and Dose Ordered. Free-form text.
 - Identify and record all medications that the resident received in the last 30 days. Also identify and record any medications that may not have been given in the last 30 days, but are part of the resident’s regular medication regimen (e.g., monthly B-12 injections). Do not record PRN medications that were not administered in the last 30 days.
- S9 (2.) RA (Route of Administration). Select from the list of options.
 - Determine the Route of Administration (RA) used to administer each medication. The MAR and the physician’s orders should identify the RA for each medication. Record the RA in column 2.
- S9 (3.) Freq (Frequency). Select from the list of options.
 - Determine the number of times per day, week, or month that each medication is given. Record the frequency in column 3.
- S9 (4.) PRN-n (number of doses) as necessary–number of times in last 30 days.
 - Pro Re Nata (PRN) means “as needed” in Latin. The PRN-n column is only completed for medications that have a frequency as PR. Record the number of times in the past 30 days that each medication coded as PR was given. Stat medications are recorded as a PRN medication. Remember, if a PRN medication was not given in the past 30 days, it should not be listed here.
 - Section N on MDS 3.0 assessments reflects the number of medications and section S9 allows for more detailed information to be submitted (i.e., name of medications).

S10. Comments

- Optional.– – Enter up to 500 characters if needed. – – It is essential that you include signs and symptoms that present an accurate picture of the resident’s condition.
- The comment section can be used for additional qualifying data that indicates the need for skilled nursing care, such as:
 - Pertinent medical history.
 - Ability to understand medication.
 - Ability to understand changes in condition.
 - Abnormal vital signs.
 - Previous attempts at outpatient management of medical condition.
 - Results of abnormal lab work.

LTCMI Fields

S11. Advance Care Planning

Advance care planning means planning ahead for how the resident wants to be treated if ill or near death. Sometimes when people are in an accident or have an illness that will cause them to die they are not able to talk or to let others know how they feel.

S11a. Does the resident report having a legally authorized representative?

Required.

Choose from the drop-down box:

- 0. No
- 1. Yes
 - A Legally Authorized Representative (LAR) is a person authorized by law to act on behalf of a person with regard to a matter, and may include a parent, guardian, or managing conservator of a minor, or the guardian of an adult.

S11b. Does the resident report having a Directive to Physicians and Family or Surrogates?

Required.

Choose from the drop-down box:

- 0. No
- 1. Yes
 - In states other than Texas, this document may be referred to as a Living Will.
 - Directive to Physician/Living Will is a document that communicates a resident's wishes about medical treatment at some time in the future when he or she is unable to make their wishes known because of illness or injury.

S11c. Does the resident report having a Medical Power of Attorney?

Required.

Choose from the drop-down box:

- 0. No
- 1. Yes

S11d. Does the resident report having an Out-of-Hospital Do Not Resuscitate Order?

Required.

Choose from the drop-down box:

- 0. No
- 1. Yes
 - This form is for use when a resident is not in the hospital. It lets the person tell health-care workers, including Emergency Medical Services (EMS) workers, NOT to do some things if the person stops breathing or their heart stops. If a resident does not have one of these forms filled out, EMS workers will ALWAYS give the person Cardiopulmonary Resuscitation (CPR) or advanced life support even if the advance care planning forms say not to. A person should complete this form as well as the Directive to Physicians and Family or Surrogates and the Medical Power of Attorney form if they do NOT want CPR.

LTCMI Fields
S12. LAR Address
Legally Authorized Representative (LAR) Address is required if S11a. Does the resident report having a legally authorized representative? Is indicated as 1. Yes.
S12a. LAR First Name. Conditional. <ul style="list-style-type: none">This field is required if field S11a = 1. Yes.Enter the first name of the Legally Authorized Representative.
S12b. LAR Last Name. Conditional. <ul style="list-style-type: none">This field is required if field S11a = 1. Yes.Enter the last name of the Legally Authorized Representative
S12c. Address. Conditional. <ul style="list-style-type: none">This field is required if field S11a = 1. Yes.Enter the street address of the Legally Authorized Representative.
S12d. City. Conditional. <ul style="list-style-type: none">This field is required if field S11a = 1. Yes.Enter the city of the Legally Authorized Representative.
S12e. State. Conditional. <ul style="list-style-type: none">This field is required if field S11a = 1. Yes.Enter the state of the Legally Authorized Representative.
S12f. ZIP Code. Conditional. <ul style="list-style-type: none">This field is required if field S11a = 1. Yes.Enter the ZIP code of the Legally Authorized Representative.
S12g. Phone. Optional. <ul style="list-style-type: none">This field is optional if field S11a = 1. Yes.Enter the contact telephone number for the Legally Authorized Representative if known.

Preventing Medicaid Waste, Abuse, and Fraud

Medicaid fraud: “An intentional deceit or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.”

How to Report Waste, Abuse, and Fraud

Reports may be made through the following website: <https://oig.hhsc.texas.gov/report-fraud>. This website also gives instructions on how to submit a report, as well as how to submit additional documentation that cannot be transmitted over the Internet. The website also provides information on the types of waste, abuse, and fraud to report to OIG.

If you are not sure if an action is waste, abuse, or fraud of Texas Medicaid, report it to OIG and let the investigators decide. If you are uncomfortable about submitting a report online, there is a telephone number for Recipient Fraud and Abuse reporting: **800-436-6184**.

HIPAA Guidelines and Provider Responsibilities

Providers must comply with the Health Insurance Portability and Accountability Act (HIPAA). It is YOUR responsibility to comply with HIPAA, to seek legal representation when needed, and to consult the manuals or speak to your TMHP Provider Representative when you have questions.

Resource Information

Types of Calls to Refer to TMHP

Call TMHP at **800-626-4117**, Option 1, about the following:

- Rejection codes on the forms and PTIDs.
- If the Medicaid, Social Security, or Medicare number and the name match the person's Medicaid ID card and the form is set to status ***ID Invalid***, call TMHP to have the form restarted through the system.

Call TMHP at **800-626-4117**, Option 2, about the following:

- MN Determination on MDS.
- MN Determination on PE.

Call TMHP at **800-626-4117**, Option 3, about the following:

- TMHP LTC Online Portal and TexMedConnect account setup

Types of Calls to Refer to HHS PCS

Call HHS PCS at **(512) 438-2200**, **Option 1**, about the following:

- Denials or pending denials of persons who have established prior permanent medical necessity, after verifying MDS 3.0: A0700, Medicaid Number, contains a nine-digit numeric rather than + or N.
- A 3618/3619 admission submitted under the wrong contract -- that process must have a counteracting discharge submitted and the provider must call to request that HHS PCS set the incorrect form to status ***Invalid/Complete***. A third form for the same Date of Above Transaction cannot be submitted until the forms with the incorrect contract have been set to status ***Invalid/Complete***.
- Resolution of forms in Manual Workflow.
- Assistance with Processed/Complete forms which do not appear on MESAV.

Helpful Contact Information

Texas Medicaid & Healthcare Partnership (TMHP)

General Customer Service.....	800-925-9126
Long-Term Care (LTC) Department	800-727-5436 / 800-626-4117
General Inquiries, MDS not in the LTC Online Portal, LTCMI questions, Claim Forms, Claim Submission, R&S Report, PL1 Screening Form, and PASRR Evaluation (PE)	Option 1
Medical Necessity	Option 2
Technical Support.....	Option 3
Fair Hearing	Option 5
LTC Other Insurance Information and Updates	Option 6
LTC Department (fax)	(512) 514-4223
Medicaid Hotline.....	800-252-8263
Health and Human Services (HHS)	(512) 438-3011
Consumer Rights & Services Hotline	800-458-9858
Complaint for LTC Facility/Agency.....	Option 2
Information About a Facility.....	Option 4
Provider Self-Reported Incidents.....	Option 5
Survey Documents/HHS literature	Option 6
Community Services Contracts Unit Support.....	(512) 438-3550
Community Services Contracts Voice Mail (Contract Applications, Re-enrollments and Reporting Changes, such as address and telephone number)	(512) 438-3550
Criminal History Checks.....	(512) 438-2363
Facility Licensure/Certification (Reporting Changes, such as Service Area and Medical Director) (512) 438-2630	
Home and Community Support Services Unit (Hospice Regulatory Requirements) ..	(512) 438-3161
Hospice Policy (Medicaid, Program Support, and Special Services Unit)..	HospicePolicy@hhsc.state.tx.us
Institutional Services Contracting	(512) 438-2546
Medication Aide Program.....	(512) 231-5800
Nurse Aide Registry	800-452-3934
Nurse Aide Training.....	(512) 231-5800
NF Administrator Program	(512) 231-5800
NF Policy	(512) 438-3161
Regulatory Services	(512) 438-2625
PASRR Unit Policy Questions	855-435-7180
Provider Claims Services Hotline	(512) 438-2200
NF and Hospice (Service authorizations, MESAV updates, and unable to determine Rate Key issues)	Option 1

Long-Term Care User Guide for Hospice Providers

Personal Needs Allowance Payments (PNA).....	Option 2
Deductions and Holds.....	Option 3
Provider Recoupment and Holds, including torts and trusts and/or annuities	Option 4
Home Community Services.....	Option 5
TX Home Living.....	Option 5
Rehabilitation Therapy and Specialized Services.....	Option 6

Health and Human Services (HHS)

HHS Ombudsman Office Medicaid Benefits.....	877-787-8999
Medicaid Fraud.....	800-436-6184
Rate Analysis Help Line.....	(512) 730-7404
Resource Utilization Groups (RUGs) Information	
Nurse Specialist (Reconsideration & RUGs).....	(512) 491-2074
Texas State University RUG Training Information	(512) 245-7118
Texas State University Training Online Course Questions.....	(512) 245-7118

Informational Websites

Texas Medicaid & Healthcare Partnership (TMHP): www.tmhp.com

- HIPAA information: www.tmhp.com/Pages/TMHP/TMHP_HIPAA.aspx
- Long-Term Care Division: www.tmhp.com/Pages/LTC/ltc_home.aspx
- NF LTCMI and PASRR information is also available at: www.tmhp.com/Pages/LTC/ltc_home.aspx
- Long-term Care Provider News Archives www.tmhp.com/Pages/LTC/LTC_news_archives.aspx

Health and Human Services (HHS): <https://hhs.texas.gov/>

All HHS provider information can be found at <https://hhs.texas.gov/doing-business-hhs/provider-portals>. Choose your particular provider type for available online resources:

- Consumer Rights and Services (includes information about how to make a complaint): <https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services>
- Hospice: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/hospice>
- Nursing Facility: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf>
- Nursing Facility MDS Coordinator Support Site: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf/texas-minimum-data-set-mds>
- PASRR: <https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/preadmission-screening-resident-review-pasrr>
- Provider Letters: <https://apps.hhs.texas.gov/providers/communications/letters.cfm>

Long-Term Care User Guide for Hospice Providers

- Resources for HHS Service Providers: <https://hhs.texas.gov/doing-business-hhs>
- HHS Regions: <https://hhs.texas.gov/about-hhs/find-us>
- Vendor Drug Program: www.txvendordrug.com/downloads/index.asp

Other

- Centers for Medicare & Medicaid Services: www.cms.gov
- Department of State Health Services: www.dshs.state.tx.us
- National Provider Identifier (NPI):
- To obtain: <https://nppes.cms.hhs.gov/NPPES>
- Texas Administrative Code: www.sos.state.tx.us/tac/index.shtml
- Texas State RUG Training:
www.txstate.edu/continuinged/CE-Online/RUG-Training
- Federal MDS 3.0 site: www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

This document is produced by TMHP Training Services. Contents are current as of the time of publishing and are subject to change. Providers should always refer to the TMHP website for current and authoritative information.